

# **EXHIBIT A**

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF MICHIGAN

JEANNA NORRIS, on behalf of herself and	)	
all others similarly situated,	)	
	)	
Plaintiffs,	)	Case No. 1:21-cv-00756
	)	
vs.	)	
	)	
PRESIDENT SAMUEL L. STANLEY, JR.,	)	
in his official capacity as President of	)	
Michigan State University; DIANNE	)	
BYRUM, In her official capacity as Chair	)	
of the Board of Trustees, DAN KELLY,	)	
in his official capacity as Vice Chair	)	
of the Board of Trustees; and RENEE	)	
JEFFERSON, PAT O'KEEFE,	)	
BRIANNA T. SCOTT, KELLY TEBAY,	)	
and REMA VASSAR in their official	)	
capacities as Members of the Board of	)	
Trustees,	)	
	)	
Defendants.	)	

**DECLARATION OF MARCUS ZERVOS, M.D.**

**I. Background**

1. I am over 18 years of age. This declaration is based upon my own personal and professional knowledge and experience.

2. I am competent to testify as a medical expert to the facts and matters set forth herein. A true and accurate copy of my CV is attached hereto as **Exhibit A**.

3. I am currently an Infectious Disease physician with the Henry Ford Health System, where I am the Division Head of Infectious Diseases. I previously served as Medical Director of Infection Prevention and Associate Director of Research for Clinical Trials.

4. I am also Assistant Dean of Global Affairs for the Wayne State University School of Medicine and Professor of Medicine in the Wayne State University, Infectious Diseases Section, Department of Internal Medicine.

5. I have been an Infectious Disease physician for the last 35 years, and I have cared for or supervised the care of hundreds of COVID-19 patients. As a frontline doctor caring for COVID-19 patients, I know firsthand the devastating impact of this infection. I was appointed the advisor to the Detroit Mayor's office and Detroit Health Department for COVID-19 in March of 2020, and I continue to work extensively to address COVID-19 prevention and public health in Detroit including vulnerable populations and schools.

6. I have been principal investigator of hundreds of clinical trials, many with the CDC and including dozens of studies of COVID-19 involving studies of epidemiology, risk factors, outcomes, therapy and prevention, including vaccine studies.

7. I am Board Certified in Infectious Disease and Internal Medicine.

8. I am a member of several review panels including Centers for Disease Control and Prevention. I am a member and Fellow of the American College of Physicians and the Infectious Diseases Society of America.

9. I was awarded the James H. Nakano Citation and Charles C. Shepard Science awards by the U.S. Centers for Disease Control and Prevention for my work with resistant *Staphylococcus aureus*, and Womack Humanitarian Award for International work and work in underserved areas of Michigan

10. I earned my B.S. and my M.D. from Wayne State University and completed a fellowship in Infectious Disease at the University of Michigan.

11. Prior to joining the faculty at Wayne State, I served as an assistant professor of Internal Medicine and Laboratory Medicine, Section of Infectious Diseases, at the Yale School of Medicine.

12. I was also previously the Director of Research at William Beaumont Hospital.

13. I have published over 370 peer reviewed papers and 560 published abstracts related to Infectious Disease.

## **II. Analysis**

### **A. COVID-19**

14. COVID-19 is an infectious disease caused by the novel coronavirus (SARS-CoV-2) that primarily spreads through respiratory droplets and aerosol transmission.

15. COVID-19 may result in immediate severe illness and/or long-term ongoing health problems, extending several weeks or months. COVID-19 can also be fatal. CDC, *Benefits of Getting a COVID-19 Vaccine*, <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccine-benefits.html> (last updated Aug. 16, 2021).

16. Certain individuals are at increased risk of suffering severe illness or death if they contract COVID-19, and thus are more likely to need more serious medical intervention, including hospitalization, intensive care, and a ventilator. Individuals who are at increased risk of suffering severe COVID-19 include:

- a. Adults over age 45;
- b. Disabled individuals;
- c. Members of many racial and ethnic minority groups;
- d. Immunocompromised individuals;
- e. Current or former smokers;

f. Individuals who are overweight or obese;

g. Individuals who have received organ or blood stem cell transplants;

h. Individuals who have suffered a stroke; and

i. Individuals with certain other underlying medical conditions, including, among others, cancer, chronic kidney disease, chronic lung diseases, dementia and other neurological conditions, diabetes (type 1 or type 2), Down syndrome, heart conditions, HIV infection, liver disease, sickle cell disease, cerebrovascular disease, and substance use disorders. CDC, *People with Certain Medical Conditions*, <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html> (last updated Aug. 20, 2021); CDC, *People with Underlying Medical Conditions at Increased Risk from COVID-19*, <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/underlying-conditions.html> (last updated Sept. 1, 2021).

17. Individuals of all ages who contract COVID-19 risk giving it to others with whom they interact, who may suffer severe illness or death.

**B. The Impact of COVID-19**

18. According to the Michigan Department of Health and Human Services (MDHHS), Michigan's first presumed-positive cases of COVID-19 were identified on March 10, 2020. *See* Executive Order No. 2020-4, Declaration of State of Emergency (last visited September 2, 2021) *available at*: [https://www.michigan.gov/whitmer/0,9309,7-387-0499\\_90705-21576--,00.html](https://www.michigan.gov/whitmer/0,9309,7-387-0499_90705-21576--,00.html).

19. Between March 10, 2020 and September 3, 2021, Michigan has had 955,640 confirmed cases of COVID-19 with 20,367 deaths. *See* *Where We Stand with COVID-19*, <https://michigan.gov/coronavirus> (last visited Sept. 3, 2021). According to the CDC, an

estimated 28.1% of Michigan's population has been infected with COVID-19. *See* CDC, *COVID Data Tracker, Nationwide Commercial Laboratory Seroprevalence Survey*, <https://covid.cdc.gov/covid-data-tracker/#national-lab> (last updated Aug. 26, 2021).

20. 180,437 of Michigan's positive COVID-19 cases have been reported by individuals between the ages of 20 and 29. Individuals aged 20 through 29 have reported more positive COVID-19 cases than any other age demographic. Some of those individuals have died from the virus. Increasingly younger aged individuals have suffered severe infection, and hospitalization. *See Michigan Data, Demographics*, [https://www.michigan.gov/coronavirus/0,9753,7-406-98163\\_98173---,00.html](https://www.michigan.gov/coronavirus/0,9753,7-406-98163_98173---,00.html) (last visited Sept. 3, 2021).

21. The CDC currently estimates that there have been approximately 39.5 million cases of COVID-19 in the United States and over 640,000 people have died from COVID-19 in the United States. *See* CDC, *COVID Data Tracker, Nationwide Commercial Laboratory Seroprevalence Survey*, <https://covid.cdc.gov/covid-data-tracker/#national-lab> (last updated Aug. 26, 2021).

22. Nationwide, individuals aged 18-29 have accounted for the largest cumulative number of COVID-19 cases compared to other age groups. CDC, *Risk for COVID-19 Infection, Hospitalization, and Death by Age Group*, <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html> (last updated July 29, 2021).

23. Over 700,000 cases of COVID-19 have been linked to colleges and universities in the U.S. since the pandemic began and more than 260,000 COVID-19 cases have been linked to colleges and universities just since January 1, 2021. As of May 26, 2021, MSU had reported 4,312 cases. *Tracking Coronavirus Cases at U.S. Colleges and Universities*, THE NEW YORK

TIMES, <https://www.nytimes.com/interactive/2021/us/college-covid-tracker.html> (last updated May 26, 2021). As of August 31, 2021, Ingham County, Michigan (where MSU's primary campus is located) had reported 26,568 cases of COVID-19. *Covid-19 Dashboard, Ingham County, Michigan*, <https://ichd.maps.arcgis.com/apps/dashboards/d9fd5db6d01348fdb1b9f8d1516bb825> (last visited Aug. 31, 2021).

### **C. COVID-19 Vaccinations**

24. Vaccinating individuals against COVID-19 currently is the leading prevention strategy to protect individuals from the virus and end the pandemic. CDC, *Guidance for [IHEs]*, <https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/index.html> (last updated Dec. 29, 2020).

25. There are three COVID-19 vaccinations available at no cost: the Pfizer-BioNTech vaccine (recently FDA approved as "Comirnaty"), the Moderna vaccine, and the Johnson & Johnson vaccine (collectively, "COVID-19 Vaccines").

26. All three COVID-19 Vaccines have been studied in robust multi-centered, international, randomized-controlled trials. The clinical trials were done in over 100,000 subjects and the COVID-19 Vaccines have proven both effective and safe in millions of people.

27. All three COVID-19 Vaccines have demonstrated a very high rate of efficacy (Pfizer 95%, Moderna 94.1%, Johnson & Johnson 72%). Kathy Katella, *Comparing the COVID-19 Vaccines: How Are They Different*, YALE MEDICINE (Aug. 26, 2021) <https://www.yalemedicine.org/news/covid-19-vaccine-comparison>. These rates are much higher than annual influenza vaccination (30-60% effective depending on the year).

28. Each of the COVID-19 Vaccines has been proven safe and effective. CDC, *COVID-19 Vaccines Work*, <https://www.cdc.gov/coronavirus/2019->

[ncov/vaccines/effectiveness/work.html](https://www.cdc.gov/ncov/vaccines/effectiveness/work.html) (last updated Aug. 16, 2021) (“Research shows that all COVID-19 vaccines authorized for use in the United States provide protection against COVID-19.”). Each was developed using long-standing science and scientific techniques. Each went through all the federally mandated stages of clinical trials, which include extensive testing and monitoring. Each has received and continues to undergo the most intensive safety monitoring in U.S. history. The fact that two of the COVID-19 Vaccines are currently available under Emergency Use Authorization in no way undermines their safety or efficacy.

29. The COVID-19 Vaccines help prevent the spread of COVID-19 and are effective against COVID-19 variants. Anoop Shah et al., Letter to the Editor, N. ENG. J. MED. (Sept. 8, 2021), <https://www.nejm.org/doi/full/10.1056/NEJMc2106757>.

30. Because it takes the human body time to build antibodies to COVID-19, individuals who receive a COVID-19 Vaccine are considered “fully vaccinated” two weeks after their second dose of a two-dose vaccine or two weeks after a one-dose vaccine.

31. Fully vaccinated individuals are less likely to catch COVID-19 if exposed to it and less likely to spread it to others.

32. The COVID-19 Vaccines also help stop mutation of COVID-19, which helps prevent the emergence and spread of variants.

#### **D. Current COVID-19 Risks**

33. The COVID-19 pandemic is ongoing. Currently, the CDC advises that the risk of community transmission of COVID-19 in Michigan is “high.” Michigan residents continue to report hundreds of new COVID-19 cases each day. Michigan remains in an area of continuing high transmission with an average number of new confirmed cases of approximately 1578 per

day. MDHHS, *Where We Stand with COVID-19*, michigan.gov/Coronavirus (last visited Sept. 8, 2021).

34. Additionally, variants of the COVID-19 virus continue to develop and spread throughout the country. These variants increase the risks associated with contracting and spreading COVID-19 because they spread more easily than the original strain of COVID-19 and can cause more severe infection. Vaccination prevents the development and spread of variants including new variants.

35. Michigan, specifically, has seen an increase in variants of the original COVID-19 strain. As of August 2021, over 96% of the samples tested in Michigan are positive for a variant, and the Delta variant and Mu variant are both confirmed to be present in Michigan. *Michigan State Synopsis*, (Aug. 27, 2021), <https://healthdata.gov/Community/COVID-19-State-Profile-Report-Michigan/s8hn-gz3c>; Press Release, MDHHS identifies first Michigan case of new COVID-19 variant, B.1.1.7 in Washtenaw County, <https://www.michigan.gov/coronavirus/0,9753,7-406-98158-549766--,00.html> (last visited Sept. 8, 2021).

36. COVID-19 remains a particular threat to those who are unvaccinated.

37. According to the MDHHS, from January to July 2021, unvaccinated Michiganders accounted for 98% of COVID cases, 95% of hospitalizations and 96% of deaths. Press Release, MDHHS, MDHHS renews call for Michiganders to get vaccinated following Pfizer COVID-19 vaccine recommendation by CDC's Advisory Committee on Immunization Practices (Sept. 1, 2021), <https://www.michigan.gov/coronavirus/0,9753,7-406-98158-567102--,00.html>.

38. All individuals are equally likely to contract COVID-19.

39. Evidence shows that antibody responses following COVID-19 vaccination provide better protection against some circulating variants than does natural infection. Xianding Deng, et al., *Transmission, infectivity, and neutralization of a spike L452R SARS-CoV-2 variant* (June 24, 2021) <https://pubmed.ncbi.nlm.nih.gov/33991487/>. Deng, et al. found a two to six times better immune response in immunized individuals over those who had natural infection, and Stamatatos, et al. found immunization after recovery from COVID-19 boosted immune response up to 1000 fold. Leonidas Stamatatos, et al., *mRNA vaccination boosts cross-variant neutralizing antibodies elicited by SARS-CoV-2 infection* (Mar. 25, 2021) <https://pubmed.ncbi.nlm.nih.gov/33766944/>.

40. The likelihood of reinfection after COVID-19 varies by time since prior infection, behavior, and risk factors for infection vary by individual. The likelihood of reinfection after COVID-19 is at least two times higher for individuals with prior COVID-19 infection than for immunized individuals. Alyson M. Cavanaugh et al., *Reduced Risk of Reinfection with SARS-CoV-2 After COVID-19 Vaccination—Kentucky, May-June 2021* (Aug. 13, 2021), <https://www.cdc.gov/mmwr/volumes/70/wr/mm7032e1.htm>. Reinfected patients can infect others.

41. Immunization after natural infection with COVID-19 is recommended by the vast majority of experts, including every major medical society, the NIH, and the CDC, including the Advisory Committee on Immunization Practices (ACIP) which is an authoritative agency which makes recommendations for immunization to clinicians in the United States.

#### **E. Response to Plaintiff's Experts**

42. I have reviewed the joint declaration of Drs. Bhattacharya and Kulldorff. This declaration reflects my response to their opinions.

***Vaccine Immunity and Natural Immunity are not equivalent and individuals previously infected with COVID-19 should still be vaccinated.***

43. In response to paragraphs 15-24, the COVID-19 vaccines provide a known level of resistance to and protection from COVID-19 for a sustained period of time. Conversely, while individuals who have had COVID-19 might have some antibodies even after their infection has passed that provide protection against COVID-19, the amount of protection that these individuals have against the virus varies from person to person and wanes over time. As these individuals' natural immunity decreases, their risk of contracting COVID-19 increases.

44. I agree with Drs. Bhattacharya and Kulldorff that all components of the immune system are important in the defense against infectious agents. Both immunization and natural infection generate both humeral (antibody) and cellular (T and B) cell responses. Antibody levels lasting at least a year have been shown with current vaccines. There is clear evidence that the level of antibody is associated with infection risk and severity of infection. However, the level of antibody that is protective against infection is not known and varies from individual to individual. Pyoeng Gyun Choe et al., *Antibody Response to SARS-CoV-2 at 8 Weeks Postinfection in Asymptomatic Patients*, EMERGING INFECTIOUS DISEASES (June 24, 2021) [https://wwwnc.cdc.gov/eid/article/26/10/20-2211\\_article](https://wwwnc.cdc.gov/eid/article/26/10/20-2211_article). It is also known that antibody levels may not develop at all in some individuals after natural infection, may fall as early as 90 days after COVID-19 infection, and are believed to persist likely for 6-8 months and up to a year in some individuals. Evidence that any cellular immunity persists after that point, or the role it has in preventing reinfection following natural infection is not known.

45. It is incorrect to say that natural immunity provides greater protection against severe infection than immunity generated by mRNA vaccines (as Drs. Bhattacharya and

Kulldorff state in paragraph 18). The current vaccines are highly effective in preventing infection, including severe infection. We now have over a year of data from the clinical trials and real world experience to indicate the vaccines remain effective in preventing disease, including new variants, for over a year — not only in the clinical trials but in millions of individuals that have received the vaccine. Persons hospitalized in the USA with COVID-19 generally have not been immunized. The finding of reinfections after natural infection with COVID-19 suggests that long term immunity (antibody and cellular) does not occur and cellular immunity alone is not sufficient to protect an individual from subsequent infection. This is not surprising given what we know about respiratory viruses such as influenza where it is necessary to vaccinate annually.

***Studies suggest COVID-19 reinfection is not rare.***

46. The COVID-19 Health Action Response for Marines (CHARM) measured reinfection in more than 3,000 young heath US Marines over the course of 6 weeks. Study participants were between the ages of 18-20. 2,436 patients were followed to the end of the study. Their study findings showed reinfection in 10% of subjects and that participants who are reinfected with SARS-CoV-2 had lower antibody levels than those that were not reinfected.

Andrew G. Letizia et al., *SARS-CoV-2 seropositivity and subsequent infection risk in healthy young adults: a prospective cohort study*, 9 THE LANCET 712 (April 15, 2021)

[https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(21\)00158-2/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(21)00158-2/fulltext). Another

study of 1278 patients showed a reinfection rate of 4.8 percent at 90 days (58.5% were symptomatic). Megan M. Sheehan et al., *Reinfection Rates among Patients who Previously Tested Positive for COVID-19: a Retrospective Cohort Study*, (Mar. 15, 2021)

<https://pubmed.ncbi.nlm.nih.gov/33718968/>. Other studies have suggested lower rates of reinfection, Victoria Jane Hall, et al., *SARS-CoV-2 infection rates of antibody-positive compared*

*with antibody-negative health-care workers in England: a large, multicenter, prospective cohort study (SIREN).* 397 THE LANCET 1459 (Apr. 9. 2021) [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00675-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00675-9/fulltext), however these studies are limited by lack of long term follow up, difficulty with diagnosis, retrospective study design, and lack of systematic testing of patients. In short, experts in the field believe immunity to COVID-19 natural infection wanes after 90 days, and lasts in most individuals for six to eight months at most. Immunity, antibody responses and severity of infection have considerable individual patient variability.

47. I have reviewed the Declaration of Dr. Hooman Noorchashm stating that Ms. Norris tested positive for COVID-19 on November 21, 2020. He explains that on November 19, 2020, Ms. Norris fell ill with severe headache and dry cough, later followed by myalgias and arthralgias and then later loss of taste and smell. She had a Rapid COVID-19 antigen test on November 21, 2020 that was positive. Dr. Noorchashm further states that on August 20, 2021, Ms. Norris had a semiquantitative antibody test done by LabCorp which measured 59.7U/ml with a cut off for negative of <0.8U/ml. Per Dr Noorchashm's declaration, Ms. Norris also had a positive of IgG spike antibody assay and nucleocapsid antibody. As a result, he concludes that her "antibody level is highly likely to be above the minimum necessary to provide adequate protection against re-infection." (¶ 7). At the time of my writing of this report, the laboratory report itself is not available to me. I also do not have additional information about Ms. Norris's medical history.

48. LabCorp is a reliable testing laboratory, it uses the Roche Cobas for spike IgG with a limit of detection is 0.4 U/mL; the cutoff for a positive test is 0.8 U/mL. Information on the upper limit of testing isn't available, however their sample test report [PDFReportServlet](#)

[labcorp.com](http://labcorp.com)) shows a 1245.0 U/mL result, indicating Ms. Norris has a medium level result. Ms. Norris's results indicate that nine months after her infection, she continues to have antibodies.

49. Earlier studies have shown that after natural infection, some patients do not develop antibodies at all or antibody levels can decline in as early as a few weeks, and exponentially in the first 90 days after infection. Antibodies can be present for up to 6-8 months and, in rare instances, for a year. Therefore, based on currently available information and the consensus of experts, including the CDC and ACIP, if Ms. Norris was my patient I would advise her to be immunized not only for her health but also for the health of people around her. Just because her antibody level is positive in August of 2021, this is not relevant to the need to be immunized, since it likely will be negative in the next few months at most, if it is not already negative, making her susceptible to reinfection. Even if her antibody level remains positive, she will get boosted immunity from the vaccine that will prevent infection with new variants. The vaccine will boost her immunity to protect her for another year most likely, and it will offer protection against the new variants that she was not exposed to November 2020, when she had natural infection. Furthermore in response to Drs. Noorchashm, Bhattacharya and Kulldorff, there is no evidence from the literature, clinical trial information or published real world experience with vaccines that Ms. Norris would be expected to have a more serious side effect from the vaccine because she had COVID-19. The assertion that there are more side effects from the vaccine (transient fever and lymph node swelling) in someone with prior infection is based on retrospective, observational data, from patients self-reporting symptoms. It is not based on prospective, randomized, blinded controlled trial data. It is clear from all available evidence that the risk of the vaccine is less than infection, including for Ms. Norris who had prior infection, with a positive antibody in August of 2021.

50. There is no reliable way to confirm previous exposure to COVID. Serologic tests for COVID-19 “antibodies” have a wide range of specificity (and vary across platform).

51. Using a serologic test to equate to immunity is not evidence-based and not recommended by the CDC. CDC, *Test for Past Infection*, <https://www.cdc.gov/coronavirus/2019-ncov/testing/serology-overview.html> (last updated July 15, 2021).

***Rationale for the CDC recommendation for vaccination of patients that have recovered from COVID-19***

52. The CDC and MDHHS recommend vaccination for those who have been infected naturally with COVID-19 and there is emerging evidence that vaccination may provide additional protection against the virus and a broader spectrum of protection to variants than natural infection. Francis Collins, *How Immunity Generated from COVID-19 Vaccines Differs from an Infection*, NIH DIRECTOR’S BLOG (June 22, 2021) <https://directorsblog.nih.gov/2021/06/22/how-immunity-generated-from-covid-19-vaccines-differs-from-an-infection/>; CDC, *Frequently Asked Questions about COVID-19 Vaccination*, <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html> (last updated Sept. 3, 2021); MDHHS, *COVID-19 Vaccines Frequently Asked Questions* (Aug. 24, 2021) [https://www.michigan.gov/documents/coronavirus/COVID-19\\_Vaccine\\_Public\\_FAQ\\_FINAL\\_710077\\_7.pdf](https://www.michigan.gov/documents/coronavirus/COVID-19_Vaccine_Public_FAQ_FINAL_710077_7.pdf) at 5.

53. I disagree with Drs. Bhattacharya and Kulldorff, (paragraphs 36-42) and Dr. Noorchashm that vaccination should not be given to persons recovered from COVID-19. The scientific evidence from laboratory studies, clinical trials, and real world experience does not support their position. Studies have shown clear evidence that antibody responses following COVID-19 vaccination provide better neutralization of some circulating variants, and a broader

range of antibodies than does natural infection. Again, Deng, et al., found a two to six times better immune response in immunized individuals than those with natural infection, and Stamatatos, et al. found immunization after recovery from COVID-19 boosted immune response up to 1000 fold. Xianding Deng, et al., *Transmission, infectivity, and neutralization of a spike L452R SARS-CoV-2 variant* (June 24, 2021) <https://pubmed.ncbi.nlm.nih.gov/33991487/>; Leonidas Stamatatos, et al., *mRNA vaccination boosts cross-variant neutralizing antibodies elicited by SARS-CoV-2 infection* (Mar. 25, 2021) <https://pubmed.ncbi.nlm.nih.gov/33766944/>. Similarly, Kang, et al, showed a 30 to 40 times higher antibody response to mRNA vaccination after COVID-19 infection than in infection alone. Yu Min Kang et al., *SARS-CoV-2 Antibody Response to the BNT162b2 mRNA Vaccine in Persons with Past Natural Infection* (Jan. 5, 2021), <https://jkms.org/DOIx.php?id=10.3346/jkms.2021.36.e250>. Level of antibody was also correlated with severity of disease, and as above, reinfection is twice as common in someone with natural COVID-19 infection than infection if immunized. Pyoeng Gyun Choe et al., *Antibody Response to SARS-CoV-2 at 8 Weeks Postinfection in Asymptomatic Patients*, EMERGING INFECTIOUS DISEASES (June 24, 2021) [https://wwwnc.cdc.gov/eid/article/26/10/20-2211\\_article](https://wwwnc.cdc.gov/eid/article/26/10/20-2211_article).

54. I further disagree with Drs. Bhattacharya and Kulldorff that immunization does not confer lasting immunity from COVID-19, or that immunization after COVID-19 does not provide better protection over the short and long term against the virus. After immunization, multiple studies have shown durable immune response with all of the currently available vaccines. The following lines of evidence need to be considered:

55. First, laboratory studies of antibody activity and immune response after COVID-19 vaccination have shown that all available vaccines have good activity against all tested

SARS-CoV-2 variants. There is an association between the level of antibodies, and activity inhibiting the virus in the laboratory studies against all variants. Dean Follmann et al., *Assessing Durability of Vaccine Effect Following Blinded Crossover in COVID-19 Vaccine Efficacy Trials*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7745130/>; Venkata-Viswanadh Edara et al., Letter to the Editor, N. ENG. J. MED. (Aug. 12, 2021), [https://www.nejm.org/doi/full/10.1056/NEJMc2107799?query=TOC&cid=NEJM%20eToc,%20July%208,%202021%20DM132552\\_NEJM\\_Non\\_Subscriber&bid=539052885%207-Jul](https://www.nejm.org/doi/full/10.1056/NEJMc2107799?query=TOC&cid=NEJM%20eToc,%20July%208,%202021%20DM132552_NEJM_Non_Subscriber&bid=539052885%207-Jul); Allison J. Greaney et al., *Antibodies elicited by mRNA-1273 vaccination bind more broadly to the receptor binding domain than do those from SARS-CoV-2 infection* SCIENCE (June 30, 2021), <https://stm.sciencemag.org/content/13/600/eabi9915>; Yang Liu et al., *Neutralizing Activity of BNT162b2-Elicited Serum*, (Apr. 15, 2021), <https://pubmed.ncbi.nlm.nih.gov/33684280/>.

56. Second, studies have found stronger immune response with vaccination after infection with COVID-19, than with prior COVID-19 alone. This includes both higher levels of antibodies and longer duration of protection. The stronger immune response will result in greater short and long term immunity against the virus. Thomas W. McDade, et al., *Durability of antibody response to vaccination and surrogate neutralization of emerging variants based on SARS-CoV-2 exposure history*, (Aug. 30, 2021), <https://www.nature.com/articles/s41598-021-96879-3>; Alice Cho et al., *Anti- SARS-CoV-2 Reporter Binding Domain Antibody Evolution after mRNA Vaccination*, (Aug. 30, 2021), <https://doi.org/10.1101/2021.07.29.454333>.

57. Third, evidence for support of long-term immunity from vaccines provided by immunologic studies reflects that immunity lasts at least 6-8 months in most individuals and up to 12 months if the individual is not immune compromised. David S. Khoury et al., *Neutralizing antibody levels are highly predictive of immune protection from symptomatic SARS-CoV-2*

*infection*, (May 17, 2021), <https://www.nature.com/articles/s41591-021-01377-8>; Alice T.

Widge et al., Letter to the Editor, N. ENG. J. MED. (Jan. 7,

2021), <https://www.nejm.org/doi/pdf/10.1056/NEJMc2032195?articleTools=true>; Nicole Doria-

Rose et al., Letter to the Editor, N. ENG. J. MED. (June 10, 2021),

<https://www.nejm.org/doi/full/10.1056/NEJMc2103916>; Deborah Steensels, et al., *Comparison of SARS-CoV-2 Antibody Response Following Vaccination With BNT162b2 and mRNA-1273*,

(Aug. 30, 2021),

[https://jamanetwork.com/journals/jama/fullarticle/2783797?utm\\_campaign=articlePDF&utm\\_medium=articlePDFlink&utm\\_source=articlePDF&utm\\_content=jama.2021.15125](https://jamanetwork.com/journals/jama/fullarticle/2783797?utm_campaign=articlePDF&utm_medium=articlePDFlink&utm_source=articlePDF&utm_content=jama.2021.15125); Amarendra

Pegu et al., *Durability of mRNA-1273 vaccine—induced antibodies against SARS-CoV-2 variants*, SCIENCE (Aug. 12, 2021)

<https://science.sciencemag.org/content/early/2021/08/11/science.abj4176>.

58. Fourth, information from clinical trials that have been carried out to 13 months shows continuing immunity and provides evidence for sustained effectiveness. Studies of mRNA vaccines were started July and August of 2020 and continue to show high efficacy. In persons that are infected after vaccination, infections are generally mild, even 13 months after the introduction of vaccines in clinical trials. Serious infection and hospitalization remain rare in persons immunized in the clinical trials. Fernando P. Polack et al., *Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine*, N. ENG. J. MED. (Dec. 10, 2020)

<https://www.nejm.org/doi/full/10.1056/NEJMoa2034577>; Lindsey R. Baden et al., *Efficacy and Safety of the mRNA-1273 SARS-CoV-2 Vaccine*, N. ENG. J. MED. (Dec. 30, 2020)

<https://www.nejm.org/doi/full/10.1056/nejmoa2035389>; Jerald Sadoff et al., *Safety and Efficacy*

*of Single-Dose Ad26.COV2.S Vaccine against Covid-19*, N. ENG. J. MED. (Apr. 21, 2021) <https://www.nejm.org/doi/full/10.1056/NEJMoa2101544>.

59. Fifth, real world effectiveness studies (in addition to the randomized clinical trials) have been carried out to 13 months show continuing immunity and effectiveness in prevention of infection, with serious infection and hospitalization rare, providing evidence for sustained immunity as follows:

Real world effectiveness studies have shown mRNA vaccines for COVID-19 are highly effective during periods of Alpha and Delta variant prevalence, and have also shown sustained effectiveness of Pfizer-BioNTech and Moderna vaccines against COVID-19 associated hospitalizations among Adults — United States, March–July 2021. Arjun Puranik, *Comparison of two highly-effective mRNA vaccines for COVID-19 during periods of Alpha and Delta variant prevalence*, (Aug. 21, 2021), <https://doi.org/10.1101/2021.08.06.21261707>; CDC, *Sustained Effectiveness of Pfizer-BioNTech and Moderna Vaccines Against COVID-19 Associated Hospitalizations Among Adults –United States, March-July 2021*, (Aug. 27, 2021) [https://www.cdc.gov/mmwr/volumes/70/wr/mm7034e2.htm?s\\_cid=mm7034e2\\_w](https://www.cdc.gov/mmwr/volumes/70/wr/mm7034e2.htm?s_cid=mm7034e2_w).

The protection afforded by the BNT162b2 and mRNA-1273 COVID-19 vaccines in fully vaccinated cohorts was with and without prior infection. Laith J. Abu-Raddad et al., *Protection afforded by the BNT162b2 and mRNA-1273 COVID-19 vaccines in fully vaccinated cohorts with and without prior infection*, (July 26, 2021), <https://doi.org/10.1101/2021.07.25.21261093>.

60. In immune compromised individuals, antibody responses after vaccination can be lower and levels can drop over time, more quickly suggesting need for a third or booster dose of vaccine which has recently been recommended by ACIP. CDC, *COVID-19 ACIP Vaccine*

*Recommendations*, <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html> (last reviewed Aug. 30, 2021). This is an area under continuing study.

61. Sixth, after natural infection, multiple studies have shown that immunity can wane within 6 months of COVID-19 infection. Some persons don't mount an antibody response at all. Pyoeng Gyun Choe et al., *Waning Antibody Responses in Asymptomatic and Symptomatic SARS-CoV-2 Infection*, (Oct. 30, 2020), <https://pubmed.ncbi.nlm.nih.gov/33050983/>; <https://www.nature.com/articles/s41591-020-0965-6.pdf>; Quan-Xin Long et al., *Clinical and immunological assessment of asymptomatic Sars-CoV-2 infections*, (June 18, 2020), <https://pubmed.ncbi.nlm.nih.gov/32706954>. In the study by Ibarrondo et al. there was an exponential decline in antibody levels shown at within the first 90 days of infection. F. Javier Ibarrondo et al., *Rapid Decay of Anti-SARS-CoV-2 Antibodies in Persons with Mild Covid-19*, (July 21, 2020), <https://pubmed.ncbi.nlm.nih.gov/32706954/>. The protective role of antibodies against SARS-CoV-2 is that antibodies are a reasonable correlate of antiviral immunity, and anti-receptor-binding domain antibody levels correspond to plasma viral neutralizing activity. Given that in this study early antibody decay after acute viral antigenic exposure was approximately exponential, the findings add to the concern that immunity against natural infection with COVID-19 is not long lasting. In the study by Long et al, forty percent of asymptomatic individuals became seronegative and 12.9% of the symptomatic group became negative for IgG in the early convalescent phase of illness within the first few weeks of illness. Quan-Xin Long et al., *Clinical and immunological assessment of asymptomatic Sars-CoV-2 infections*, (June 18, 2020), <https://www.nature.com/articles/s41591-020-0965-6.pdf>.

62. Seventh, it is not surprising that immune response drops after natural infection, and reinfection can occur with COVID-19. These findings are consistent with multiple earlier

studies that shown rapidly waning antibody over a few months with influenza and other respiratory virus including seasonal coronavirus. Repeat infections with coronavirus other than SARS-Co-V2 are well described. K.A. Callow et al., *The time course of the immune response to experimental coronavirus infection of man*, (accepted May 10, 1990),

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2271881/pdf/epid infect00023-0213.pdf>.

63. The Kentucky study published in MMWR showed that individuals who were not vaccinated had 2.34 times the odds of reinfection compared to those that were fully vaccinated.

Alyson M. Cavanaugh et al., *Reduced Risk of Reinfection with SARS-CoV-2 After COVID-19 Vaccination—Kentucky, May-June 2021* (Aug. 13, 2021),

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7032e1.htm>. Symptomatic infection,

hospitalization and death was not evaluated in this study, however, many studies have indicated persons that are asymptomatic can transmit infection to others.

64. The recent Israel study cited by Bhattacharya and Kulldorff in paragraph 20 has a variety of important limitations. Sivan Gazit, *Comparing SARS-CoV-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections*, (Aug. 25, 2021),

<https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1>. It is not peer reviewed,

retrospective, non-randomized, non-controlled, and observational. Because infections were not systematically evaluated, only symptomatic infections were evaluated. There was only a short period of participant follow up (outcomes were only evaluated during the follow up period of June 1 to August 14, 2021, making long term protection unknown), and various confounding variables, including variation in health behaviors, could have affected results. Importantly, it is not only that the level of immune response is greater in those that are immunized after COVID-

19 infection, but the duration of antibody response is longer, and the likelihood of effectiveness against new and existing variants is greater.

65. Bhattacharya and Kulldorff's assertion in paragraph 38 that immunity to natural COVID-19 infection may last for years is unfounded. We know that respiratory viruses, such as influenza and others including coronavirus have relatively short periods of immunity, which is the reason influenza immunization is done yearly. For SARS-Co-V2, the duration of immunity from natural infection cannot be predicted beyond 90 days, which is the reason reinfections occur. Breakthrough infections can certainly occur after immunization, however from the clinical trials, immunity is at least a year for most individuals, and when infection occurs it is mild only rarely resulting in hospitalization or death. Deborah Steensels et al., *Comparison of SARS-CoV-2 Antibody Response Following Vaccination With BNT162b2 and mRNA-1273*, (Aug. 30, 2021), <https://jamanetwork.com/journals/jama/fullarticle/2783797>.

***The benefits of COVID-19 vaccination outweigh the modest risk of side effects.***

66. I agree that the mortality risk posed by COVID infection varies based upon the age and medical condition of an infected individual. Not all individuals infected with COVID-19 will present with the same reaction.

67. However, I disagree that the benefit of vaccination for COVID-19 can be appropriately characterized as "minimal" for any individual. *Contra* Bhattacharya and Kulldorff Decl. ¶ 1-14.

68. The COVID-19 Vaccines are extremely unlikely to cause serious side effects that could result in long-term health problems. CDC, *Safety of COVID-19 Vaccines*, <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/safety-of-vaccines.html> (last updated Aug, 30, 2021).

69. In response to paragraphs 25-28 by Bhattacharya and Kulldorff, the COVID-19 Vaccines are safe and effective. Efficacy rates are over 95 percent for Moderna and Pfizer, which are the most commonly used vaccines in the United States. In real world post clinical trials, millions of persons have received the vaccines and they remain safe and effective including against new strains. Numerous studies have shown vaccine safety and effectiveness including in the clinical trials, real world data, and against novel strains: Fernando P. Polack et al., *Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine*, N. ENG. J. MED. (Dec. 10, 2020), <https://www.nejm.org/doi/full/10.1056/NEJMoa2034577>; Lindsey R. Baden, *Efficacy and Safety of the mRNA-1273 SARS-CoV-2 Vaccine*, N. ENG. J. MED. (Dec. 30, 2020) <https://www.nejm.org/doi/full/10.1056/nejmoa2035389>; Jerald Sadoff et al., *Safety and Efficacy of Single-Dose Ad26.COV2.S Vaccine against Covid-19*, N. ENG. J. MED. (Apr. 21, 2021) <https://www.nejm.org/doi/full/10.1056/NEJMoa2101544>. Common side effects are pain at the injection site; less common are fatigue, headache, nausea and fever. The reactions are usually transient. Severe allergic reactions are very rare, and recommendations are that if there is a history of severe reactions to vaccine or components, the vaccine should be given in a medically supervised setting or not given if there is a history of anaphylaxis. Other reactions such as thrombosis seen with the Johnson & Johnson vaccine are very rare, occurring in less than 7 cases per 1 million vaccinated women. Fernando P. Polack et al., *Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine*, N. ENG. J. MED. (Dec. 10, 2020) <https://www.nejm.org/doi/full/10.1056/NEJMoa2034577>; Lindsey R. Baden et al., *Efficacy and Safety of the mRNA-1273 SARS-CoV-2 Vaccine*, N. ENG. J. MED. (Dec. 30, 2020) <https://www.nejm.org/doi/full/10.1056/NEJMoa2101544>. Myocarditis is also rare. George A.

Diaz et al., *Myocarditis and Pericarditis After Vaccination for COVID-19*, (Aug. 4, 2021), <https://jamanetwork.com/journals/jama/fullarticle/2782900>.

70. Federal health officials have verified 226 cases of myocarditis or pericarditis in people ages 30 and younger who have received an mRNA COVID-19 vaccine. While rare, the rates for ages 16-24 following a second dose are above what is expected, which prompted an emergency meeting of the Centers for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices (ACIP). ACIP reviewed the findings and did not change recommendations for use. Zeroing in on the ages 30 and under reporting myocarditis or pericarditis to the Vaccine Adverse Event Reporting System (VAERS); [www.vaers.hhs.gov](http://www.vaers.hhs.gov), the most common symptoms were chest pain, elevated cardiac enzymes, ST or T wave changes, dyspnea and abnormal echocardiography/imaging. The majority of affected individuals had transient illness with full recovery. An analysis of data from another surveillance system, the Vaccine Safety Datalink, found a rate of 16 cases per million second doses in people ages 16-39.

71. Importantly, the COVID-19 vaccines have been studied in some of the largest vaccine trials done of any vaccine ever and studies of the technology for the current vaccines has been conducted for years. Safety continues to be evaluated in the CDC VAERS reporting <https://vaers.hhs.gov/reportevent.html> system, ongoing trials, and real world experience of millions of recipients of the vaccines. The large numbers of individuals that have received the vaccines worldwide would indicate a signal toward safety issues if present. Most importantly, in medicine, we evaluate risk against benefit in the therapies we do or recommend, and the risk of COVID-19 far outweighs the risk of possible adverse effects from vaccination.

***The existence of variants supports the case for vaccination.***

72. I disagree with Bhattacharya and Kulldorff (paragraphs 29-33) that variants are not part of the rationale for vaccine mandates. There is general consensus by CDC and other experts that by immunizing the population, there not only will be less spread of infection, including hospitalizations and death, but with less circulating virus, there will be less opportunity for mutations and variants to develop. This is known to occur for all infectious agents; a virus that can't circulate can't mutate. This is not disputable. There is clear evidence that antibody levels correlate with vaccine efficacy for all variants (see above). Numerous studies have shown that current COVID-19 vaccines are effective vs B.1.1.7 and delta variants, not only in the clinical trials, but also in real world experience. Fernando P. Polack et al., *Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine*, N. ENG. J. MED. (Dec. 10, 2020), <https://www.nejm.org/doi/full/10.1056/NEJMoa2034577>; Lindsey R. Baden et al., *Efficacy and Safety of the mRNA-1273 SARS-CoV-2 Vaccine*, N. ENG. J. MED. (Dec. 30, 2020), <https://www.nejm.org/doi/full/10.1056/nejmoa2035389>; Jerald Sadoff et al., *Safety and Efficacy of Single-Dose Ad26.COV2.S Vaccine against Covid-19*, N. ENG. J. MED. (Apr. 21, 2021), <https://www.nejm.org/doi/full/10.1056/NEJMoa2101544>; Victoria Jane Hall et al., *COVID-19 vaccine coverage in health-care workers in England and effectiveness of BNT162b2 mRNA vaccine against infection (SIREN): a prospective, multicenter, cohort study*, 397 THE LANCET 1725 (May 8, 2021), [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00790-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00790-X/fulltext); Noa Dagan et al., *BNT162n2 mRNA Covid-19 Vaccine in a Nationwide Mass Vaccination Setting*, N. ENG. J. MED. (Feb. 24, 2021), <https://www.nejm.org/doi/full/10.1056/nejmoa2101765>.

73. There is clear evidence that there is a boosting of antibody response in persons with prior COVID-19 infection. Boosting antibody response results in protection from COVID-19 over a longer period of time, more effective prevention of infections overall and infections with variants. There are many factors associated with prevention and control of spread of a virus. Bhattacharya and Kulldorff in paragraph 32 use Florida as an example for cases falling. However, the experience in Florida is actually a better example of the need for immunization, as Florida currently is among the leaders in the nation in infections.

***The existence of “Long COVID” supports the case for vaccination.***

74. I disagree with Bhattacharya and Kulldorff (paragraphs 34-35) that long duration COVID-19 related symptoms are not a rationale for vaccination. As stated above, there is clear evidence that increasingly younger age individuals are being infected and transmitting infections to others, including to those that are most vulnerable to serious complications. The long duration symptoms are particularly disabling and occur more commonly in young people. I personally have cared for many of these individuals, and the illness can be very debilitating, with no currently available treatment. It must be noted that in someone not immunized, or with prior COVID-19 and reinfected, not only are they at risk of long-haul symptoms themselves, but also at risk of infecting others. The risk of long duration COVID far outweighs the potential risks of the vaccine. Long duration illness is more common in younger individuals. This includes a range of new or ongoing symptoms that can last weeks or months after first being infected with the virus that causes COVID-19. CDC, *Post-COVID Conditions*, <https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects.html#:~:text=These%20effects%20can%20include%20severe,a%20very%20stressful%20event> (last updated July 12, 2021).

75. Unlike some of the other types of post-COVID conditions that only tend to occur in people who have had severe illness, long term symptoms can happen to anyone who has had COVID-19, even if the illness was mild, or if they had no initial symptoms. People commonly report experiencing different combinations of symptoms alone or in combination. These include difficulty breathing or shortness of breath, tiredness or fatigue, symptoms that get worse after physical or mental activities, difficulty thinking or concentrating (sometimes referred to as “brain fog”), cough, chest or stomach pain, headache, fast-beating or pounding heart (also known as heart palpitations), joint or muscle pain, pins-and-needles feeling, diarrhea, sleep problems, fever, dizziness on standing (lightheadedness), rash, mood changes, change in smell or taste and/or changes in period cycles. There is no known therapy for this condition other than supportive measures.

***Public health policy favors vaccination.***

76. In 35 years of practice of infectious disease caring for thousands of patients with various infections, including as a frontline doctor caring for COVID-19 patients, I base my opinions on my experience, the medical literature, relevant expert opinion and my medical training. I find non peer review papers, many of which were cited by Bhattacharya and Kulldorff, often not helpful, but all information needs to be evaluated critically. As a result of my experience and training and my leading various research and major public health initiatives locally and internationally, many issues are clear. I agree with Bhattacharya and Kulldorff that a medical intervention should be done only when medically necessary. However, importantly, in recommending a therapy or intervention, it is necessary to weigh the risks and benefits of alternatives. There is clear evidence that the risk of COVID-19 infection and its potential complications far outweighs the risk of vaccination, including vaccination of those with prior

infection. In that position, I agree with the CDC, and experts in our national societies and at ACIP, who make our national immunization recommendations for COVID-19 based on the best available evidence we now have. For public health interventions, and the safety of the MSU community, both the individual other students and staff need to be considered. The public health case for mandate of vaccination including those with prior infection is clear. There is a clear risk that someone with an infection with COVID-19, either as a result of initial infection or reinfection, can infect others. Any person that is infected may be vulnerable to serious illness. Although we have learned a great deal about risk factors for serious infection, predicting outcomes in an individual person is not possible. Both symptomatic, asymptomatic and reinfection not only results in spread of infection generally, but also development of variants. I disagree with Bhattacharya and Kulldorff that mandates erode trust, rather should be considered as measures the university is doing to best protect its students and staff.

### III. Selected List of Additional Materials Reviewed

1. See, e.g., Centers for Disease Control & Prevention (“CDC”), *COVID-19 Vaccines for Children and Teens*, available at: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/adolescents.html> (last updated Aug. 17, 2021).
2. CDC, *Changing Age Distribution of the COVID-19 Pandemic-United States, May-August 2020* (pub. Oct. 2, 2020), available at: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6939e1.htm>
3. CDC, *COVID-19 Vaccines Are Free to the Public*, available at: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/no-cost.html> (last updated May 24, 2021).
4. CDC, *Key Things to Know about COVID-19 Vaccines*, available at: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html> (last updated Aug. 19, 2021).
5. Harvard School of Public Health, *Can herd immunity stop COVID-19?*, available at: <https://www.hsph.harvard.edu/news/hsph-in-the-news/can-herd-immunity-stop-covid-19/> (last visited Sept. 9, 2021).
6. CDC, *Safety of COVID-19 Vaccines*, available at: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/safety-of-vaccines.html> (last updated Aug. 30, 2021).
7. CDC, *Myocarditis and Pericarditis Following mRNA COVID-19 Vaccination*, available at: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/myocarditis.html> (last updated Sept. 8, 2021).
8. Declaration of Drs. Bhattacharya and Kulldorff
9. Declaration of Dr. Hooman Noorchashm

### IV. Other Testimony & Compensation

I have testified as an expert only once in the past four years. In 2017, I was subpoenaed by the Michigan Attorney General to testify at a hearing in *In Re Flint Water Litigation*, Genesee County Circuit Court, Case No. 17-108646-NO. I was qualified as an expert during my testimony in that matter. I was not compensated for that testimony.

I am being compensated for my work in this matter at a rate of \$400 per hour.

I hold all the above opinions to a reasonable degree of professional certainty and probability based upon the records and information that I reviewed and based upon my education, training, and professional experience. My opinions in this report are based on only the information that I have considered to date. I reserve the right to amend and supplement this report and any of my opinions in it consistent with all applicable procedural rules.

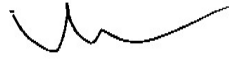
Date: 9/10/2021

  
\_\_\_\_\_  
Marcus Zervos, M.D.

**CURRICULUM VITAE  
MARCUS J. ZERVOS, M.D.**

Date of Preparation: 9/7/2021

Signature:



**Medical License No:** 4301042370

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**PERSONAL DATA:**

Marital Status: Married  
Spouse's Name: Ellene Zervos  
Children: Mary, John and Thomas

**CURRENT POSITIONS:**

Division Head, Infectious Diseases  
Department of Internal Medicine  
Henry Ford Health System  
Detroit, MI – 2005 - present

Assistant Dean, Global Affairs  
Wayne State University School of Medicine  
Detroit, MI - 2019 - present

Professor of Medicine  
Wayne State University School of Medicine  
Department of Internal Medicine Infectious Diseases Section  
Detroit, MI – 1999 - present

**EDUCATION**

High School:	Southfield High School, Southfield, Michigan
Undergraduate:	University of Detroit, Detroit MI B.S., Summa Cum Laude, 1970-1974
Graduate/Professional:	Wayne State University, School of Medicine, Detroit MI., M.D. 1975-1979

Marcus Zervos, M.D.  
Curriculum Vitae

## **TRAINING**

Intern: Medical Intern, Detroit Receiving Hospital  
Wayne State University Affiliated Hospitals - Detroit, Michigan, 1979-1980  
Resident: Medical Resident, Harper Hospital  
Wayne State University Affiliated Hospitals - Detroit, Michigan, 1980-1982  
Chief Medical Resident, Harper Hospital  
Wayne State University Affiliated Hospitals - Detroit, Michigan, 1982-1983  
Fellowship: Fellow in Infectious Diseases, The University of Michigan  
Medical Center, Ann Arbor, Michigan, 1984-1986

## **FACULTY APPOINTMENTS:**

### **Current**

Professor of Medicine, Department of Internal Medicine, Infectious Diseases Division,  
Wayne State University, Detroit, MI 1999-present

### **Previous**

Instructor, Department of Medicine, Division of General Internal Medicine, Wayne State  
University School of Medicine, Detroit, Michigan, 1983-1984.

Assistant Professor, Departments of Internal Medicine and Laboratory Medicine, Section of  
Infectious Diseases, Yale School of Medicine, New Haven, Connecticut, 1986-1988.

Clinical Assistant Professor, Department of Internal Medicine, Infectious Diseases Division,  
Wayne State University School of Medicine, Detroit, MI 1988-1991.

Clinical Associate Professor, Department of Internal Medicine, Infectious Diseases Division,  
Wayne State University, Detroit, MI 1992-1999.

Marcus Zervos, M.D.  
Curriculum Vitae

**Summary:**

Marcus J. Zervos, M.D., is Division Head, Infectious Diseases, Henry Ford Health System in Detroit, Michigan and Assistant Dean, Global Affairs, Wayne State University School of Medicine in Detroit, MI. He is Professor of Medicine in the Department of Medicine and Infectious Diseases at Wayne State University School of Medicine in Detroit, Michigan.

Dr. Zervos received his medical degree from Wayne State University School of Medicine. He completed his medical internship and residency and chief medical residency at Wayne State University Affiliated Hospitals. He was a Fellow in Infectious Diseases at the University of Michigan Medical Center in Ann Arbor, followed by Associate Hospital Epidemiologist at the Yale New Haven Hospital and Assistant Professor of Medicine in the Departments of Laboratory Medicine and Internal Medicine at Yale University School of Medicine in New Haven, Connecticut. He then served as infectious diseases consultant and Medical Director of the Microbiology Laboratory and Co-Medical Director of the Molecular Probe Laboratory in the Department of Clinical Pathology at William Beaumont Hospital in Royal Oak, MI.

Dr. Zervos area of research is epidemiology, prevention and outcomes of serious enterococcal and *S. aureus* infection. He coordinates Global Health projects to build sustainable capacity in low income settings in 30 countries worldwide. He also coordinates projects to assist vulnerable populations in the US including Detroit, and issues related to COVID and earlier water in Flint, Michigan. He has been the recipient of several million dollars in grant awards, with continuous federal funding for the last 30 years, and has been Principal Investigator on over 400 government and industry-funded studies examining epidemiology and outcomes and prevention measures for multidrug antimicrobial resistant pathogens. His current grant support is over 20 million dollars. From 1999 to 2004 Dr Zervos served as Director of Research at Beaumont Hospital. He served as Medical Director of Infection Prevention for Henry Ford Health System and Associate Director of Research for Clinical Trials at Henry Ford Health System. Certified by the American Board of Internal Medicine and Infectious Diseases, Dr. Zervos is on several NIH review panels, editorial boards, section editor of major journals and a member and fellow of several professional societies, including the American College of Physicians, and the Infectious Diseases Society of America. He was awarded the CDC, James H. Nakano Citation and Charles C. Shepard Science Awards for work with resistant *Staphylococcus aureus*. He has contributed over 560 published abstracts at national and international scientific meetings and has published over 370 articles in peer-reviewed journals. He has co-authored several books and contributed numerous book chapters dealing with infectious diseases.

Marcus Zervos, M.D.  
Curriculum Vitae

## **HOSPITAL OR OTHER PROFESSIONAL APPOINTMENTS:**

Medical Staff; Harper Hospital, Detroit, Michigan, 1983-1984  
Medical Staff; Detroit Receiving Hospital, Detroit, Michigan, 1983-1984  
Medical Staff and Consultant in Infectious Diseases; West Haven Veteran's Administration Medical Center, West Haven, Connecticut, 1986-1988  
Medical Staff and Consultant in Infectious Diseases; Yale New Haven Hospital, New Haven, Connecticut, 1986-1988  
Associate Hospital Epidemiologist; Yale New Haven Hospital, 1986-1988  
Chair, Antibiotic Drug Use Surveillance Committee, Yale New Haven Hospital, 1986-1988  
Pharmacy and Therapeutics Committee, Yale New Haven Hospital, 1986-1988  
Director, Yale New Haven Hospital Epidemiology Laboratory, 1986-1988  
Medical Staff, Consultant in Infectious Disease, William Beaumont Hospital, RO MI 1988-2005  
Medical Intensive Care Unit Committee, William Beaumont Hospital, 1988-1994  
Infection Control Committee, William Beaumont Hospital, 1988-2005  
Director, Infectious Disease Research Laboratory, William Beaumont Hospital, 1988-2005  
Research Projects Committee, William Beaumont Hospital, 1988 - 2004  
Human Investigation Committee, William Beaumont Hospital, 1988 -1999  
Director, Antibiotic Utilization, William Beaumont Hospital, 1997- 1999  
Pharmacy and Therapeutics Committee, William Beaumont Hospital, 1988 - 1999  
Director, Infectious Diseases Clinical Study Unit, William Beaumont Hospital, 1990 - 2005  
Vice-Chairman, Research Institute Board of Governors, William Beaumont Hospital, 1999-2004  
Corporate Compliance Committee, William Beaumont Hospital, 1999-2004  
Chairman, Projects Committee, William Beaumont Hospital, 1999-2004  
Medical Executive Board, William Beaumont Hospital, 1999-2004  
Director, Research Institute, William Beaumont Hospital 1999-2004  
Co- Director, Molecular Pathology Laboratory, William Beaumont Hospital 2004-5  
Medical Director, Clinical Microbiology Laboratory, Department of Clinical Pathology, William Beaumont Hospital, Royal Oak, MI - 1994-2005  
Chairman, Infection Control Committee, Henry Ford Hospital, 2005-2012  
Pharmacy and Therapeutics Committee Henry Ford Hospital, 2005-present  
Formulary Committee, Henry Ford Hospital, 2005-2012  
Director Infection Control Henry Ford Health Sysytem 2005-2012, 2014-2015  
Department of Medicine, Executive Committee 2005-2012  
Hospital Medical Executive Committee (HMEC) Henry Ford Hospital 2009-2012  
Senior Staff, Consultant in Infectious Diseases, Henry Ford Hospital 2005-present  
Medical Director, Clinical Trials Office, Henry Ford Health System, 2007-2015  
Antimicrobial Sub Committee Henry Ford Health System 2007-present  
Associate Director Research (Clinical Trials) Henry Ford Health System 2007-2015

Marcus Zervos, M.D.  
Curriculum Vitae

Chairman Infection Control Committee, Henry Ford Wyandotte Hospital 2007-2015  
No Harm Committee, Henry Ford Health System 2007-present  
Readmission Committee, Henry Ford Health System, 2011- present  
Intellectual Property Committee, Henry Ford Hospital 2009-2015  
Board of Directors, International Orthodox Christian Charities (IOCC) 2010-2017  
Medical Director, International Medical Relief 2011-2013  
Henry Ford Health System Medication Management Committee 2012-present  
Henry Ford Health Employee Health Medical Advisory Committee Chair, 2012-2017  
Chair, Physician Scientist Advisory Committee, 2012-2015  
Medical Advisory Committee, Henry Ford at Home 2013- present  
Advisor Detroit Mayor Office COVID, Detroit Health Department 2019-present

## **MAJOR PROFESSIONAL SOCIETIES**

Member, American College of Physicians, 1980 - 1992  
Member, American Federation for Clinical Research, 1980 - present  
Member, Alpha Sigma Nu, 1978 - present  
Member, American Society for Microbiology, 1984 - present  
Member, Infectious Diseases Society of America, 1989 - present  
Member, Society for Hospital Epidemiology (SHEA), 1992 - present  
Member, Transplantation Society of Michigan, 1991 - 2005  
Member, Michigan State and Oakland County Medical Societies, 1988 - present  
Member and Delegate, Beaumont Physicians Group, 1988 – 2005  
Fellow, American College of Physicians, 1992 – present  
Fellow, Infectious Diseases Society of America, 1996- present

## **LICENSURE AND BOARD CERTIFICATION**

Medical Licensure: State of Connecticut, 1986 – 1988  
State of Michigan, 1980 – Present  
Board Certification: American Board of Internal Medicine and Infectious Diseases

## **SERVICE/TEACHING**

### **Peer Review Journals**

American Journal of Gastroenterology 1986-1992  
Clinical Infectious Diseases (Rev. Infect. Dis.) 1990 - present  
Diagnostic Microbiology and Infectious Diseases 1990 - present  
European Journal of Microbiology and Infectious Disease 1991 - present

Marcus Zervos, M.D.  
Curriculum Vitae

Antimicrobial Agents and Chemotherapy 1993 – present  
Journal Clinical Microbiology 1993 – present  
Journal of Infectious Disease 1993 - present  
Infectious Diseases in Clinical Practice 1993 - present  
Annals of Internal Medicine 1994 - present  
Infection Control and Hospital Epidemiology 1994 - present  
Section Editor; Infection Control and Hospital Epidemiology 1997 – 2010  
Infection Control and Hospital Epidemiology, Editorial Board, 2010-present  
International Advisor and Editorial Board, J Antimicrob Chemother 1998- 2004  
Infectious Diseases in Clinical Practice, Editorial Board, 2004-present  
Journal of Clinical Microbiology, Editorial Board 2012-2018

**Post-Doctoral Fellows Supervised** (Laboratory full-time research)

Jan Evans Patterson, M.D., Fellow in Infectious Diseases Department of Medicine, Yale University 1986-1988.

John Vecchio, M.D., Fellow in Infectious Diseases Department of Medicine, Yale University 1986-1988.

Peter White, M.D., Department of Laboratory Medicine, 1987-1988, Yale University  
José Vazquez, M.D., Fellow in Infectious Diseases, Department of Medicine, Wayne State University School of Medicine

Veronica Sanchez, M.D., Fellow in Infectious Diseases, 1989-90, Wayne State University School of Medicine

Louise Dembry, M.D., Fellow in Infectious Diseases, 1991-1993, Wayne State University School of Medicine

Jan Silverman, D.O., Fellow in Infectious Diseases, 1993-1994, Wayne State University School of Medicine

Rula Mahayni, M.D., Fellow in Infectious Diseases, Wayne State University School of Medicine, July, 1994-1995

Hector Bonilla, M.D., Fellow in Infectious Diseases, University of Michigan 1994-1996.

Farnaz Dashti, M.D., William Beaumont Hospital Infectious Diseases Fellow 1998-1999.

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Michelle Ionescu, M.D., William Beaumont Hospital Infectious Diseases Fellow  
1998-2000

Alison Brooks, M.D., William Beaumont Hospital Infectious Diseases Fellow 1998-  
2000

Preeti Malani, M.D., (with Carol Kauffman, M.D., University of Michigan Infectious  
Diseases Fellow 1999-2001

Simona Oprea, M.D. William Beaumont Hospital, Infectious Diseases Fellow 2004-  
2005

Cynthia Martinez-Capolino, M.D., Henry Ford Hospital, Infectious Diseases Research  
Fellow 2008-2009

Adenike Shoyinka M.D., Henry Ford Hospital, Infectious Diseases Research Fellow  
2010-2012

Katherine Reyes, M.D, MPH., Henry Ford Hospital, Infectious Diseases Research  
Fellow 2009-2010, 2013-2014

Geehan Sulyman, MD Henry Ford Hospital, Infectious Diseases Research Fellow  
2014-2016

Sarah Altamimi, MD, Henry Ford Hospital, Infectious Diseases Research Fellow  
2016-2018

Gina Maki, DO Henry Ford Hospital, Infectious Diseases Research Fellow, 2019-  
2020

Anita Shallal MD, Henry Ford Hospital, Infectious Diseases Research Fellow, 2020-  
present

#### **GRANT SUPPORT:**

Dr Zervos has been PI on over 400 industry and federal grants, with millions of dollars of awards.  
**Current : (see appendix)**

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2. Zervos MJ, Crane LR, Levine DP. Epidemiology of bacteremia in intravenous drug users. Clin Res. 1983;31:774A.
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280. Mangino JE, Ford KD, Peyrani P, Kett DH, Zervos MJ, Scerpella E, Ramirez JA, and the IMPACT HAP Project. Implementing national guidelines to improve outcomes in patients with hospital-acquired pneumonia: the IMPACT HAP Project. 42<sup>nd</sup> ASHP Midyear Clinical Meeting and Exhibition, Las Vegas, NV, December 2-6, 2007.
281. Kett DH, Ramirez JA, Peyrani P, Cano E, Mangino JE, Zervos MJ, Ford KD, Scerpella EG and the IMPACT-HAP study group. Management of health care associated pneumonia (HCAP) at four academic medical centers; evaluation of the American Thoracic Society (ATS) and the Infectious Diseases Society of America (IDSA) guidelines. Society of Critical Care Medicine, December 2007.
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289. Freitas AR, Francia MV, Peixe L, Ruiz-Garbajosa P, Novais C, Zervos M, Baquero F, Coque TM. Plasmid characterization of vancomycin resistant *Enterococcus faecalis* strains from different continents (1989-2004). 18th European Congress of Clinical Microbiology and Infectious Diseases (ECCMID), Barcelona, Spain, April 19-22, 2008.

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292. Paula Peyrani, Julie Mangino, Marcus Zervos, Daniel Kett, Kimbal Ford, Ernesto Scerpella, Julio Ramirez, and the IMPACT-HAP Investigators. Performance Indicators to Evaluate the Management of Patients with Ventilator-Associated Pneumonia: Results from the IMPACT-HAP Study Group. 2008 European Respiratory Society Annual Congress, Berlin, Germany, October 4-8, 2008.
293. Allen MB, Peyrani P, Mangino JE, Zervos MJ, Kett DH, Ford KD, Scerpella EG, Ramirez JA, Zervos M, and the IMPACT-HAP Study Group. Emergence of Community-Associated Methicillin-Resistant *Staphylococcus aureus* as Etiology for Hospital-Acquired and Ventilator-Associated Pneumonia: Results from the IMPACT-HAP Study Group. (Abstract 1107). 48<sup>th</sup> Annual Interscience Conference on Antimicrobial Agents and Chemotherapy and 46<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Washington, DC, October 25-28, 2008.
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298. Haque N, Taneja C, Shorr Af, Oster G, Zilber S, Moore C, Spalding J, Kothari S, Zervos M. Methicillin-Resistant *Staphylococcus aureus* Healthcare-Associated Pneumonia in a Large Urban Teaching Hospital. 48<sup>th</sup> Annual Interscience Conference on Antimicrobial Agents and Chemotherapy and 46<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Washington, DC, October 25-28, 2008.
299. Haque NZ, Cahuayme Zuniga L, Osaki Kiyon P, Patel S, Manierski C, Reyes K, Peyrani P, Ramirez J, Mangino J, Kett D, Ford KD, Scerpella EG, Zervos MJ and the IMPACT-HAP Study Group. Relationship of MIC to Vancomycin on Outcome of Methicillin-Resistant *Staphylococcus aureus* Health Care Associated and Hospital Acquired Pneumonia (Abstract 1252). 48<sup>th</sup> Annual Interscience Conference on Antimicrobial Agents and Chemotherapy and 46<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Washington, DC, October 25-28, 2008.
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301. Mangino JE, Peyrani P, Kett DH, Zervos MJ, Scerpella EG, Ford KD, Ramirez JA, and the Impact Hap Study Group. Use of Quality Indicators to Measure Compliance with ATS/IDSA Guidelines for Hospital-Acquired Pneumonia (HAP), Healthcare-Associated (HCAP) and Ventilator Associated Pneumonia (VAP) at 4 Medical Centers: the IMPACT-HAP Project. 48<sup>th</sup> Annual Interscience Conference on Antimicrobial Agents and Chemotherapy and 46<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Washington, DC, October 25-28, 2008.
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303. Mirsaeidi M, Peyrani P, Kapoor R, Amjadi A, Ezike U, Umoren I, Allen MB, Ramirez JA and the IMPACT-HAP Study Group. Predicting Mortality in Patients with Ventilator-Associated Pneumonia: Results from the IMPACT-HAP Study Group. 48<sup>th</sup> Annual Interscience Conference on Antimicrobial Agents and Chemotherapy and 46<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Washington, DC, October 25-28, 2008.
  304. Mirsaeidi M, Peyrani P, Wiemken T, Gnoni M, Ramirez JA, Zervos M, and the IMPACT-HAP Study Group. Making the Microbiological Diagnosis in Patients with Healthcare-Associated Pneumonia, Hospital-Acquired Pneumonia and Ventilator-Associated Pneumonia: Results from the IMPACT-HAP Study Group. (Submitted Abstract). 48<sup>th</sup> Annual Interscience Conference on Antimicrobial Agents and Chemotherapy and 46<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Washington, DC, October 25-28, 2008.
  305. Moore CL, Cheema F, Chua T, Perri M, Davis SL, Donabedian S, Haque NZ, Zervos M. Epidemiology and outcomes of vancomycin treatment for MRSA bacteremia (MRSA-B) in an urban, tertiary healthcare system. 48<sup>th</sup> Annual Interscience Conference on Antimicrobial Agents and Chemotherapy and 46<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Washington, DC, October 25-28, 2008.
  306. Munoz-Price L, Atieh M, Schreckenberger P, Lidji S, Carmeli Y, Vais D, Leong L, Lee-Such C, Raygada J, Zervos M, Hota B, Quinn JP. Multicenter Clinical Study of Panresistant *Pseudomonas aeruginosa* (Pa) Blood Stream Infections (bsi). 48<sup>th</sup> Annual Interscience Conference on Antimicrobial Agents and Chemotherapy and 46<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Washington, DC, October 25-28, 2008.
  307. Perez-Povis L, Figueroa-Castaneda D, Zervos M. *Alcaligenes xylosoxidans* Infection: A Ten-Year Review. 48<sup>th</sup> Annual Interscience Conference on Antimicrobial Agents and Chemotherapy and 46<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Washington, DC, October 25-28, 2008.
  308. Peyrani P, Wiemken T, Mirsaeidi M, Gnoni M, Ramirez JA and the IMPACT-HAP Study Group. Variability of Hospital Cost for Patients with Ventilator-Associated Pneumonia: Results from the IMPACT-HAP Study Group. (Submitted Abstract). 48<sup>th</sup>

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309. Reyes K, Malik R, Perri M, Moore C, Donabedian S, Zervos M. Evaluation of risk factors for co-infection or co-colonization with vancomycin-resistant *Enterococcus* and methicillin-resistant *Staphylococcus aureus*. 48<sup>th</sup> Annual Interscience Conference on Antimicrobial Agents and Chemotherapy and 46<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Washington, DC, October 25-28, 2008.
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311. Taneja C, Haque N, Oster G, Shorr AF, Zilber S, Moore C, Spalding J, Kothari S, Zervos M. Methicillin-Resistant *Staphylococcus Aureus* Community-Acquired Pneumonia in a Large Urban Teaching Hospital. 48<sup>th</sup> Annual Interscience Conference on Antimicrobial Agents and Chemotherapy and 46<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Washington, DC, October 25-28, 2008.
312. Toth N, Davis SL, Chambers R, Zervos M, and Vazquez J. Quality Indicators (QI) in Antimicrobial Stewardship Programs (ASPs): Improving More than Just Cost. 48<sup>th</sup> Annual Interscience Conference on Antimicrobial Agents and Chemotherapy and 46<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Washington, DC, October 25-28, 2008.
313. Bajoka R, Moore CL, Lamerato L, Haque N, Perri M, Donabedian S, Zervos MJ. Health and Economic Impact of Community-Associated Methicillin-Resistant *Staphylococcus aureus* (CA-MRSA) in Seriously Ill Patients Treated with Linezolid or Vancomycin. 19<sup>th</sup> Annual Scientific Meeting of the Society for Healthcare Epidemiology of America, San Diego, CA, March 19-22, 2009.
314. Reyes K, Perri M, Donabedian S, Davis S, Samuel L, Zervos M. Emergence of Daptomycin-Resistant Methicillin-Resistant *Staphylococcus aureus*. 19<sup>th</sup> Annual Scientific Meeting of the Society for Healthcare Epidemiology of America, San Diego, CA, March 19-22, 2009.

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316. Reyes K, Donabedian S, Perri M, Jovanovic M, Zervos M. Intercontinental Spread of an Inc18-Like Plasmid in Vancomycin-Resistant *Enterococcus faecalis*. 19<sup>th</sup> Annual Scientific Meeting of the Society for Healthcare Epidemiology of America, San Diego, CA, March 19-22, 2009.
317. Perri MB, Moore C, Donabedian S, Haque N, Naqvi A, Zervos M. Susceptibility trends for methicillin-resistant *Staphylococcus aureus* and methicillin-susceptible *Staphylococcus aureus* bloodstream isolates over a 2.5 year period. 19th European Congress of Clinical Microbiology and Infectious Diseases (ECCMID), Helsinki, Finland, May 16-19, 2009.
318. Donabedian SM, Moore CL, Perri MB, Chua T, Zervos MJ. Do laboratory characteristics predict outcome in methicillin-resistant *Staphylococcus aureus* bacteremia? 19th European Congress of Clinical Microbiology and Infectious Diseases (ECCMID), Helsinki, Finland, May 16-19, 2009.
319. Moore C, Cheema F, Chua T, Osaki Kiyan P, Perri M, Davis S, Donabedian S, Haque N, Zervos M. A unique way to predict vancomycin failure in patients with methicillin-resistant *Staphylococcus aureus* bacteremia early in therapy: a classification and regression tree analysis. 19th European Congress of Clinical Microbiology and Infectious Diseases (ECCMID), Helsinki, Finland, May 16-19, 2009.
320. Moore C, Chua T, Cheema F, Osaki Kiyan P, Perri M, Donabedian S, Haque N, Zervos M. How does persistent bacteremia affect outcome in methicillin-resistant *Staphylococcus aureus* bacteremia? 19th European Congress of Clinical Microbiology and Infectious Diseases (ECCMID), Helsinki, Finland, May 16-19, 2009.
321. Gaffney M, Mckinnon P, Mohr J, and Zervos M. Clinical Experience with Daptomycin (DAP) for the Treatment of Vancomycin-Resistant Enterococcal Bacteremia (VRE-B). 49<sup>th</sup> Annual Interscience Conference on Antimicrobial Agents and Chemotherapy, San Francisco, CA, September 12-15, 2009.
322. Hurren J, Chambers R, Zervos M, Watt J, Lessl L, Davis S. Predictors of Mortality in Enterococcal Bloodstream Infection. 49<sup>th</sup> Annual Interscience Conference on Antimicrobial Agents and Chemotherapy, San Francisco, CA, September 12-15, 2009.

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323. Donabedian S, Perri M, Naqvi A, Gordoncillo MJ, Abdujamilova N, Bartlett P, Zervos M. Characterization of Vancomycin-resistant *Enterococcus faecium* Isolated from Swine in Three Michigan Counties. 49<sup>th</sup> Annual Interscience Conference on Antimicrobial Agents and Chemotherapy, San Francisco, CA, September 12-15, 2009.
324. Hingwe A, Douglass J, Mehboob S, Zervos M, Johnson L. Multidrug Resistant *Actinobacter* – A Persistent Threat. 47<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Philadelphia, PA, Oct 29-Nov 1, 2009.
325. Hingwe A, Douglass J, Mehboob S, Zervos M, Johnson L. Multidrug Resistant *Actinobacter* Infections: Treatment and Patient Outcomes. 47<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Philadelphia, PA, Oct 29-Nov 1, 2009.
326. Bajoka R, Moore Cl, Lamerato L, Haque N, Perri M, Donabedian S, Zervos MJ. A Comparison of Linezolid (LNZ) versus Vancomycin (VAN) for Serious Methicillin-Resistant *Staphylococcus aureus* (MRSA) Infections with Reduced *In Vitro* Susceptibility to VAN. 47<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Philadelphia, PA, Oct 29-Nov 1, 2009.
327. Peyrani P, Wiemken T, Zervos M, Ford K, Scerpella E, Ramirez J, The Impact-Hap Study Group. Clinical Outcomes for Patients with MRSA HAP Treated with Vancomycin Versus Linezolid: Results from the IMPACT-HAP Study. 47<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Philadelphia, PA, Oct 29-Nov 1, 2009.
328. Allen M, Mirsaeidi M, Cabral P, Gnoni M, Peyrani P, Mangino J, Zervos M, Kett D, Ford K, Scerpella E, Ramirez J, The Impact-Hap Study Group. Clinical Outcomes of Patients with HAP/VAP due to PVL(+) vs. PVL(-) MRSA: Results from the IMPACT-HAP Study. 47<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Philadelphia, PA, Oct 29-Nov 1, 2009.
329. Allen M, Peyrani P, Roberts C, Seligson D, Chen A, Zervos M, Peyrani P, Ramirez J. Clinical Outcomes of Patients with Osteomyelitis Due to Community-Associated MRSA Versus Hospital-Associated MRSA: Results from the BAJIO Study Group. 47<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Philadelphia, PA, Oct 29-Nov 1, 2009.
330. Richardson C, Davis SL, Chambers RM, Johnson L, Zervos M. Compliance with Institutional Guidelines Improves Outcomes of C.difficile Infection (CDI). 47<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Philadelphia, PA, Oct 29-Nov 1, 2009.

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331. Hurren J, Watt JE, Lessl LK, Chambers RM, Zervos M, Davis SL. Epidemiology and Outcomes of Enterococcal Infective Endocarditis (EIE). 47<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Philadelphia, PA, Oct 29-Nov 1, 2009.
332. Reyes K, Lamerato L, Samuel L, Johnson L, Zervos M. Evaluation of an Intervention Bundle to Reduce Mortality of Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bacteremia. 47<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Philadelphia, PA, Oct 29-Nov 1, 2009.
333. Zervos M, Hershberger E, McConnell S. Impact of Prior Linezolid Therapy on Daptomycin Outcome in Gram-Positive Bacteremia (g+BAC). 47<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Philadelphia, PA, Oct 29-Nov 1, 2009.
334. Kett DH, Cano E, Quartin AA, Castelblanco AS, Ramirez JA, Mangino JE, Zervos MJ, Peyrani P, Ford KD, Scerpella EG, and The Impact-Hap Study Group. Management of Health Care Associated Pneumonia (HCAP): Economic Assessment of Compliance to the American Thoracic Society (ATS) and the Infectious Diseases Society of America (IDSA) Guidelines. 47<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Philadelphia, PA, Oct 29-Nov 1, 2009.
335. Haque NZ, Osaki Kiyon P, Reyes K, Moore CL, Peyrani P, Ramirez JA, Welch VL, Devine ST, Scerpella EG, Ford KD, Zervos MJ. Nephrotoxicity in Intensive Care Unit (ICU) Patients with Hospital-Acquired Pneumonia (HAP). 47<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Philadelphia, PA, Oct 29-Nov 1, 2009.
336. Scerpella EG, Welch VL, Peyrani P, Haque NZ, Ford KD, Mangino JE, Kett DH, Zervos MJ, Ramirez JA, The Impact Hap Study Group. Outcome of Intensive Care Unit (ICU) patients with Hospital-Acquired Pneumonia (HAP) is not related to causative organism: Results from the IMPACT HAP Study. 47<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Philadelphia, PA, Oct 29-Nov 1, 2009.
337. Zervos M, Freeman K, Vo L, Miracola K, Kim M. Risk Factors for Inappropriate Initial Empiric Therapy (IET) in Hospitalized Patients with Skin & Soft Tissue Infection (SSTI). 47<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Philadelphia, PA, Oct 29-Nov 1, 2009.
338. Aguilar J, Urdy-Cornejo V, Donabedian S, Perri M, Tibbetts R, Zervos M. *Staphylococcus aureus* Meningitis - Case Series. ). 47<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Philadelphia, PA, Oct 29-Nov 1, 2009.
339. Hurren J, Lessl LK, Watt JE, Chambers RM, Zervos M, Davis SL. Treatment of

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340. Moore CL, Zervos M, Perri M, Donabedian S, Osaki-Kiyan P, Haque N, Lu M, Chen A. USA600 Methicillin-Resistant *Staphylococcus Aureus* Bacteremia (MRSA-B) Associated with Reduced Vancomycin Susceptibility and Significant Mortality. 47<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Philadelphia, PA, Oct 29-Nov 1, 2009.
341. Blyden DJ, Rubinfeld I, Sen A, Paxton J, Horst MH, Malian M, Zervos M, Falvo A, Patton JH.. Do Traditional Predictors of Mortality in the Traumatically Injured Patient Affect Risk of *Clostridium difficile* Infection. CHEST 2009 Annual Meeting, San Diego, CA ,Oct 31-Nov 5, 2009.
342. Chambers RM, Davis S, Szandzik E, Zervos M. Clinical and Economic Impact of Pharmacy Therapeutic Substitution from Piperacillin-Tazobactam to Cefepime and Metronidazole. 20th European Congress of Clinical Microbiology and Infectious Diseases (ECCMID), Vienna, Austria, April 10-13, 2010.
343. Osaki Kiyan P, Moore C, Perri M, Haque N, Donabedian S, Zervos M. Daptomycin versus Vancomycin for Methicillin-Resistant *Staphylococcus aureus* bacteraemia with Reduced *in vitro* Susceptibility to Vancomycin. 20th European Congress of Clinical Microbiology and Infectious Diseases (ECCMID), Vienna, Austria, April 10-13, 2010.
344. Reyes K, Perri M, Zervos M. Heteroresistance (hVISA) in Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bacteremia is Associated with an Adverse Outcome. 50<sup>th</sup> Annual Interscience Conference on Antimicrobial Agents and Chemotherapy, Boston, MA, September 12-15, 2010.
345. Pokharna H, Haque N, Zervos M. Epidemiology of Skin and Soft Tissue Infections (SSTI) – Changing Dimensions. 48<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Vancouver, British Columbia, Canada, October 21-24, 2010.
346. Pokharna H, Haque N, Zervos M. Vancomycin vs B-Lactam – Drug of Choice for Empiric Treatment of Cellulitis Requiring Hospitalization. 48<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Vancouver, British Columbia, Canada, October 21-24, 2010.
347. Pokharna H, Zervos M, Markowitz N. Healthcare Associated Pneumonia – Why Is It So Difficult to Diagnose? 48<sup>th</sup> Annual Meeting of the Infectious Diseases Society of America, Vancouver, British Columbia, Canada, October 21-24, 2010.

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423. Dryden M, Wilson D, Iaconis J, Gonzalez J; COVERS Study Team. A Phase III trial of ceftaroline fosamil 600 mg q8h versus vancomycin plus aztreonam in patients with cSSTI with systemic inflammatory response or underlying comorbidities. 25th European Congress of Clinical Microbiology and Infectious Diseases (ECCMID), Copenhagen, Denmark, April 25-28, 2015. (Oral presentation).
424. Li J, Singh R, Ambler JE; COVERS Study Team. Probability of target attainment (PTA) and pharmacokinetic/pharmacodynamics (PK/PD) breakpoint for ceftaroline fosamil 600 mg every 12h and every 8h against *Staphylococcus aureus*. 25th European Congress of Clinical Microbiology and Infectious Diseases (ECCMID), Copenhagen, Denmark, April 25-28, 2015.
425. Reiszner E, Ambler JE, Iaconis J; COVERS Study Team. Ceftaroline in the treatment of complicated skin and soft tissue infections: in vitro susceptibility of baseline pathogens isolated in a phase III randomised clinical trial. 25th European Congress of Clinical Microbiology and Infectious Diseases (ECCMID), Copenhagen, Denmark, April 25-28, 2015.
426. Bardossy AC, Moreno D, Hartman P, Prentiss T, Ayau P, Sanchez Rosenberg G, Perri MB, Arshad S, Mahan M, Reyes K, Zervos M. Health system-wide intervention on the use of high vancomycin (VAN) serum trough levels is not associated with a reduction in mortality in methicillin-resistant *Staphylococcus aureus* (MRSA) Blood Stream Infection (BSI). SHEA Spring 2015 Conference, Orlando, FL, May 14-17, 2015.
427. Saab I, Vasyluk A, Bardossy AC, Reyes K, Zervos M, Siddiqui A. Breast Implant Project for Improvement. SHEA Spring 2015 Conference, Orlando, FL, May 14-17, 2015.
428. Bardossy AC, Chami E, Moreno D, Reyes K, Alangaden G, Zervos M. Eliminating Contact Precautions (CP) for Methicillin-resistant *Staphylococcus aureus* (MRSA) and

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- Vancomycin-Resistant *Enterococcus* (VRE) as a Hospital-wide Intervention. SHEA Spring 2015 Conference, Orlando, FL, May 14-17, 2015.
429. Bardossy AC, Starr P, Abreu-Lanfranco O, Reyes K, Zervos M, Alangaden G. Impact of the 2015 NHSN Surveillance Definition on Catheter-associated Urinary Tract Infection (CAUTI) Rates. SHEA Spring 2015 Conference, Orlando, FL, May 14-17, 2015.
  430. Hartman P, Bardossy AC, Moreno D, Prentiss T, Ayau P, Sanchez Rosenberg G, Perri MB, Arshad S, Reyes K, Zervos M. Evaluation of Vertical and Horizontal Transmission of Hospital-acquired and Healthcare-associated Methicillin-Resistant *Staphylococcus aureus* (MRSA) Causing Bacteremia. SHEA Spring 2015 Conference, Orlando, FL, May 14-17, 2015.
  431. Ayau Aguilar P, Sanchez Rosenberg G, Mando R, Gemayel M, Bardossy AC, Moreno D, Hartman P, Prentiss T, Perri MB, Arshad S, Mahan M, Reyes K, Zervos M. Risk Factors Contributing to 30-Day Mortality in Methicillin-Resistant *Staphylococcus aureus* (MRSA) Blood Stream Infections (BSI). SHEA Spring 2015 Conference, Orlando, FL, May 14-17, 2015.
  432. Sanchez Rosenberg G, Ayau P, Bardossy AC, Moreno D, Hartman P, Prentiss T, Perri MB, Arshad S, Mahan M, Reyes K, Zervos M. Methicillin-resistant *Staphylococcus aureus* (MRSA) Bloodstream Infection (BSI): Association between Strain Types and Mortality. SHEA Spring 2015 Conference, Orlando, FL, May 14-17, 2015.
  433. Suleyman G, Reyes K, Perri MB, Vager D, Zervos M. The Evaluation of Vertical and Horizontal Transmission of Hospital-Associated Vancomycin-Resistant *Enterococcus* (VRE) *faecalis* and *faecium* Causing Bacteremia. SHEA Spring 2015 Conference, Orlando, FL, May 14-17, 2015.
  434. Arshad S, Hartman P, Moreno D, Perri M, Zhao Q, and Zervos M. Clinical Outcomes and Cost Analysis in Patients Treated with Ceftaroline-fosamil versus Vancomycin or Daptomycin in an Outpatient parenteral antibiotic therapy (OPAT) setting for *Staphylococcus aureus* acute bacterial skin and skin structure infections. SHEA Spring 2015 Conference, Orlando, FL, May 14-17, 2015.
  435. Suleyman G, Markowitz N, Gupta R, Prasad Myneedu V, Agarwal U, Zervos M. Linezolid in vitro Susceptibility in *Staphylococcus aureus* (*S. aureus*) at an Intensive Care Unit at a Tertiary Hospital in New Delhi, India. ICAAC/ICC 2015, San Diego, CA, September 17-21, 2015.

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437. Kilgore P, Salim A, Kaljee L, Pattin AJ, Stewart Zervos M. A Multi-Level Model for Improving Immunization Rates in the United States: Are there Gaps in Neighborhood and Family Level Data? American College of Epidemiology Annual Meeting, Atlanta, GA, September 26-29, 2015.
438. Hadied M, Bardossy AC, Abreu-Lanfranco O, Perri M, Arshad S, Zervos M, Alangaden G. Predictors of Mortality in Cancer Patients with Methicillin-resistant Staphylococcus aureus Bloodstream Infection. ID Week 2015 Conference, San Diego, CA, October 7-11, 2015.
439. Xin Y, Bajoka R, Sengupta R, Moreno D, Harris AD, Lawrence SJ, Masica A, Lamerato L, and Zervos M. Mortality Risk Factors in Patients with Community Acquired Pneumonia. ID Week 2015 Conference, San Diego, CA, October 7-11, 2015.
440. Xin Y, Bajoka R, Sengupta R, Moreno D, Harris AD, Lawrence SJ, Masica A, Lamerato L, and Zervos M. Risk Factors Associated with 30-day Readmission in Patients with Community Acquired Pneumonia. ID Week 2015 Conference, San Diego, CA, October 7-11, 2015.
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442. Sengupta R, Xin Y, Bajoka R, Moreno D, Harris AD, Lawrence SJ, Masica A, Lamerato L, and Zervos M. Risk Factors Associated with 30-day Readmission in Patients with Health Care Associated Pneumonia. ID Week 2015 Conference, San Diego, CA, October 7-11, 2015.
443. Mohamad G. Fakh, Ana C. Bardossy, Takiah Williams, Raymond Hilu, Katherine Reyes, Marcus Zervos, Debi Hopfner, Mina El-Kateb, Elango Edhayan, Susan Szpunar, Steven Minnick, and Louis Saravolatz. From the Central Line to the Ventilator: Do Resident Physicians Know and Practice Mitigating Risk? ID Week 2015 Conference, San Diego, CA, October 7-11, 2015.
444. Mohamad G. Fakh, Karen Jones, Elango Edhayan, Ana C. Bardossy, Takiah

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- Williams, Katherine Reyes, Raymond Hilu, Marcus Zervos, Mina El-Kateb, Rebecca Battjes, Steven Minnick, and Louis Saravolatz. Improving the Culture of Culturing: When Do Resident Physicians Obtain Urine Cultures, and What Do they Do with Them? ID Week 2015 Conference, San Diego, CA, October 7-11, 2015.
445. Mohamad G. Fakih, Ana C. Bardossy, Takiah Williams, Katherine Reyes, Marcus Zervos, Steven Minnick, Raymond Hilu, Elango Edhayan, Mina El-Kateb, Susan Szpunar, Karen Jones and Louis Saravolatz. How Good Are Medical and Surgical Residents at Addressing Urinary Catheter Risk? A Survey of 2 Large Teaching Hospitals. ID Week 2015 Conference, San Diego, CA, October 7-11, 2015.
446. Rachel M Kenney, Allison Weinmann, David Olejarz, Vasilios Athans, Jamie L Wagner, Marcus J. Zervos, Edward G Szandzik, and Susan L Davis. Prescribe Wisely: A Public Relations Strategy to Promote Antimicrobial Stewardship. ID Week 2015 Conference, San Diego, CA, October 7-11, 2015.
447. Dania Hatahet, Vanessa Robinson, Kamelia Albujoq, Marcus Zervos, Katherine Reyes, and David Willens. Evaluating Barriers to Immunization in an Academic Internal Medicine Clinic. ID Week 2015 Conference, San Diego, CA, October 7-11, 2015.
448. Raheja S, Zervos M. Infections in the “Fifth Valve” of the Heart. CHEST Annual Meeting 2015, Montreal, Canada, October 24-28, 2015.
449. Anglade F, Cerome S, Dimanche S, Parke D, Poitevien G, Zephirin W, Zervos M. Des exemples concrets pour le renforcement du partenariat en capacity building : A propos d’une expérience de stages d’immersion en maladies infectieuses et en anatomie pathologique au sein de Henry Ford Hospital. [“Concrete examples for strengthening partnerships in capacity building: Experiences from immersion trainings in infectious diseases and anatomic pathology at Henry Ford Hospital.”] EqualHealth Conference, Port-au-Prince, Haiti, November 14, 2015.
450. Ana C Bardossy, Ayesha Niazy, Pam Hartman, Jennifer Woodward, Daniela Moreno, Mary Perri, Samia Arshad, Katherine Reyes, and Marcus Zervos. Characterization of Recurrence in Methicillin-resistant *Staphylococcus aureus* Blood Infections. Poster Presentation at MIDS 2016, Detroit, MI, March 19, 2016.
451. Rizvi K, Niazy A, Bardossy AC, Nikolsa S, Zervos M. Characteristics of bacteremic patients with 14 days of therapy vs less than 14 days of therapy. Oral presentation, Michigan Infectious Diseases Society Conference 2016, Detroit, March 19<sup>th</sup>, 2016.

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452. Zervos M. False Positive Cerebrospinal Fluid Cryptococcus Antigen in Libman Sacks Endocarditis. Society of General Internal Medicine 39th Annual Meeting, Hollywood, FL, May 11-14, 2016.
453. Ana Cecilia Bardossy, TaKiah Williams, Karen Jones, Susan Szpunar, Yuan Xin, Marcus Zervos, George Alangaden, Katherine Reyes, Mohamad G. Fakih. How Good Are We at Maintaining Our Devices in the ICUs? A View of Two Tertiary Care Teaching Centers. Poster Presentation at SHEA Spring 2016 Conference, Atlanta, GA, May 18-21, 2016.
454. Ana Cecilia Bardossy, TaKiah Williams, Karen Jones, Susan Szpunar, Yuan Xin, Marcus Zervos, George Alangaden, Katherine Reyes, Mohamad G. Fakih. Preventing CAUTI in the ICUs: Why Culturing Practices Trump the Effect of Device Care. Poster Presentation at SHEA Spring 2016 Conference, Atlanta, GA, May 18-21, 2016.
455. Khulood Rizvi, Ana C. Bardossy, Daniela Moreno, Pamela Hartman, Meredith Mahan, Silvana Nakasone, Mery Perri, Marcus Zervos. Treatment Duration for Uncomplicated Methicillin-Resistant *Staphylococcus aureus* Bacteremia. Poster Presentation at SHEA Spring 2016 Conference, Atlanta, GA, May 18-21, 2016.
456. Helina M. Misikir, Ana Cecilia Bardossy, Pam Hartman, Daniela Moreno, Geehan Suleyman, Mary Perri, Katherine Reyes, Marcus Zervos. Risk Factors Associated with Vancomycin-Resistant *Enterococcus* (VRE) and Methicillin-Resistant *Staphylococcus aureus* (MRSA) Colonization. Poster Presentation at SHEA Spring 2016 Conference, Atlanta, GA, May 18-21, 2016.
457. Choi WJ, Abreu-Lanfranco O, Samuel L, Tibbetts R, Markowitz N, Zervos M, Alangaden G. Current Epidemiology, Risk Factors, and Outcomes of Non-Albicans Candidemia at a Tertiary-Care Center. Poster Presentation at SHEA Spring 2016 Conference, Atlanta, GA, May 18-21, 2016.
458. Suleyman G, Tibbetts R, Xin Yuan, Perri M, Vager D, Samuel L, Chami E, Pietsch J, Starr P, Reyes K, Zervos M, Alangaden G. Nosocomial outbreak of a novel extended-spectrum  $\beta$ -lactamase Salmonella Isangi in surgical patients. The Society for Healthcare Epidemiology of America (SHEA) 2016, Atlanta, GA, May 18-21, 2016.
459. Suleyman G, Perri M, Vager D, Samuel L, Zervos M, Alangaden G, Tibbetts R. Characterization of Salmonella Isangi Possessing CTX-M15 ESBL Associated with an Outbreak in a US Hospital. The Society for Healthcare Epidemiology of America (SHEA) 2016, Atlanta, GA, May 18-21, 2016.

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461. Suleyman G, Kenney R, Zervos M, Weinmann A. Safety and Efficacy of Outpatient Parenteral Antibiotic Therapy (OPAT) in an Academic Inner City Infectious Disease (ID) Clinic. The Society for Healthcare Epidemiology of America (SHEA) 2016, Atlanta, GA, May 18-21, 2016.
462. Dankerlui D, Parke D, Prentiss T, Zervos J, Plum A, Tamler I, Kaljee L, and P K. Henry Ford Health System Global Health Initiative's Research Training to Research Project Model. CUGH Global Health Conference 2016.
463. Tsai L, Zervos M, Miller L, Tenke P, Marsh A, Mohr J, Luepke K, Horn P. Intravenous Eravacycline Compared to Intravenous Levofloxacin for the Treatment of Complicated Urinary Tract Infections (cUTI): Subgroup Analysis from a Randomized, Double-Blind, Phase 3 Trial (IGNITE2). ASM Microbe 2016 Conference, Boston, MA, June 16-20, 2016.
464. Tsai L, Zervos M, Miller L, Tenke P, Marsh A, Mohr J, Luepke K, Horn P. Intravenous Eravacycline with Transition to Oral Therapy for Treatment of Complicated Urinary Tract Infections (cUTI) Including Pyelonephritis: Results from a Randomized, Double-Blind, Multicenter, Phase 3 Trial (IGNITE2). ASM Microbe 2016 Conference, Boston, MA, June 16-20, 2016.
465. Swegal W, Greene J, Perri MB, Bardossy C, Deeb R, Zervos M, Jones L. Changes in Nasal Staph Flora and Infection Rates after Nasal Surgery. AAO-HNSF 2016 Annual Meeting and OTO Expo, San Diego, CA, Sept 18-21, 2016.
466. Salim A, Kilgore P, Bedford R, Kaljee L. Identifying healthcare priorities in Detroit's adult homeless population: a qualitative pilot study. Global Health Initiative Symposium, Detroit MI, October 21, 2016.
467. Bardossy AC, Jayaprakash R, Starr P, Zervos M, Alangaden G. Impact and Limitations of 2015 NHSN Case Definition on CAUTI Rates: Implications for Assessing Effect of CAUTI Prevention Measures. Poster presentation. ID Week 2016, New Orleans, LA, October 26-30, 2016.
468. Niazy A, Bardossy AC, Rizvi K, Rehman T, Hartman P, Moreno D, Perri MB, Zervos M. Characterization of Recurrent Methicillin-resistant *Staphylococcus aureus* Bloodstream

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- Infections. Poster presentation. ID Week 2016, New Orleans, LA, October 26-30, 2016.
469. Rehman T, Huang V, Xin Y, Rizvi K, Niazy A, Bardossy AC, Zervos M. Vancomycin Serum Trough Levels and Outcomes in Patients with Methicillin-Resistant *Staphylococcus aureus* Bacteremia. Poster presentation. ID Week 2016, New Orleans, LA, October 26-30, 2016.
  470. Rizvi K, Niazy A, Rehman T, Bardossy AC, Zervos M. Evaluation of Optimal Treatment Strategy of Skin and Soft Tissue Infections with Uncomplicated Methicillin-Resistant Staphylococcal Aureus Bacteremia. Poster presentation. ID Week 2016, New Orleans, LA, October 26-30, 2016.
  471. January S, Kenney RM, Veve M, Zoratti E, Zervos M, Davis SL. Impact of Allergy Status on Outcomes in Methicillin-Susceptible Staphylococcus aureus Bloodstream Infections (MSSA BSI). ID Week 2016 Conference, New Orleans, LA, October 26-30, 2016.
  472. Zeeshan N, Xin Y, Moreno D, Harris AD, Lawrance SJ, Masica A, Lamerato L, Zervos M. Comparison of mortality benefit using standardized treatment in Community Acquired Pneumonia. ID Week 2016 Conference, New Orleans, LA, October 26-30, 2016.
  473. Pintado V, Reyes K, Jauregui JM, Bardossy AC, Zervos M, Vergara JL. Case Report of Zika Virus Encephalitis. 1<sup>st</sup> International Conference on Zika Virus, Washington, DC, February 22-25, 2017.
  474. Pharmacokinetics (PK)/Pharmacodynamics (PD), and Safety of 3 g Ceftolozane/Tazobactam (TOL/TAZ) in Critically-Ill Adult Patients. Society of Critical Care Medicine Congress, Honolulu, HI, February 2017.
  475. Altamimi S, Misikir HM, Perri MB, Tibbetts R, Kilgore PE, McElmurry SP, Zervos M, Reyes K. Legionellosis: An Investigation of Cases in Southeast Michigan. Poster presentation, Michigan Infectious Diseases Society Conference 2017, Detroit, MI, March 18, 2017.
  476. Misikir H, Bardossy AC, Rizvi K, Rehman T, Farooqui Z, Niazy A, Osborn Z, Perri M, Zervos M. Characterization of Methicillin-Resistant *Staphylococcus aureus* Bacteremia and Reduced Daptomycin MIC within the Susceptible Range. Michigan Infectious Diseases Society Conference 2017, Detroit, MI, March 18, 2017.
  477. Rehman T, Affan M, Zervos M. Rapidly Progressive Encephalopathy in HIV.

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478. Zeeshan N, Xin Y, Moreno D, Harris AD, Lawrance SJ, Masica A, Lamerato L, Zervos M. Comparison of mortality benefit using standardized treatment in community acquired pneumonia. Poster presentation, Michigan Infectious Diseases Society Conference 2017, Detroit, MI, March 18, 2017.
479. Rizvi K, Bardossy AC, Robinson P, Shelters R, Klotz S, Starr P, Mahan M, Alangaden G, Reyes K. Impact of Urine Culture Stewardship and Utilization on Catheter-associated Urinary Tract Infections. The Society for Healthcare Epidemiology of America (SHEA) Spring 2017 Conference, St Louis, MO, March 29-31, 2017.
480. Kaljee L, Zervos J, Zervos M, Prentiss T, Plum A. A Hospital- and Community-based Study of Antimicrobial Resistance (AMR) and Stewardship in Kathmandu. 2017 Annual Meeting of the Society for Applied Anthropology, Santa Fe, NM, March 28-April 1, 2017.
481. Bidair M, Zervos M, Sagan OS, Zaitsev V, Loutit J, Dudley M, Vazquez J. Clinical Outcomes in Adults with Complicated Urinary Tract Infections (cUTI), including Acute Pyelonephritis (AP) in TANGO 1, a Phase 3 Randomized, Double-blind, Double-dummy Trial Comparing Meropenem-Vaborbactam (M-V) with Piperacillin-Tazobactam (P-T). 27th European Congress of Clinical Microbiology and Infectious Diseases (ECCMID), Vienna, Austria, Copenhagen, Denmark, April 22-25, 2017.
482. Seeger M, Kilgore P, McElmurry S, Zervos M. Public Health Preparedness Lessons from the Flint Water Crisis. 2017 Preparedness Summit, Atlanta, GA, April 25-28, 2017.
483. Kaye K, Shorr A, Loutit J, Dudley M, Lomovskaya O, Zervos M. Clinical Outcomes with Meropenem-Vaborbactam (M-V) by Extended-Spectrum B-Lactamase (ESBL) Production in TANGO 1, a Phase 3 Randomized Trial vs Piperacillin-Tazobactam (P-T). ASM Microbe 2017 Conference, New Orleans, LA, June 1-5, 2017.
484. Kilgore PE, Zervos MJ, Alaga KC, Alsaghayer A, Salim AM, Makisir H, McElmurry SP. Challenges and Opportunities for Legionellosis Surveillance Using Information Technology. 9th International Conference on Legionella, Rome, Italy, September 26-30, 2017.
485. Alsaghayer A, Salim A, Alaga K, Zervos MJ, Altamimi S, and Kilgore PE. National Patterns in the Use of Legionella Urine Antigen Testing, United States, 2013--2016. ID Week 2017 Conference, San Diego, CA, October 4-8, 2017.

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486. Cassone M, Armbruster C, Snitkin E, Gibson K, Mantey J, Reyes K, Altamimi S, Perri MB, Zervos M, Mody L. Relatedness of MRSA and VRE strains isolated from post-acute care patients and their environment: a longitudinal assessment. ID Week 2017 Conference, San Diego, CA, October 4-8, 2017.
487. Contreras G, Diaz L, Rios R, Reyes KC, Kamboj M, Lewis J, Rincon S, Reyes J, Carvajal LP, Panesso D, Sifri CD, Zervos M, et al. A Whole Genome Sequencing (WGS) Approach to Predict Daptomycin (DAP) Susceptibility of *Enterococcus faecium*. ID Week 2017 Conference, San Diego, CA, October 4-8, 2017.
488. Holland TL, Boucher HW, Raad I, Anderson DJ, Cosgrove SE, Aycock S, Baddley JW, Chow SC, Chu VH, Cook PP, Corey GR, Daly JS, Hachem RY, Chaftari AM, Horton JM, Jenkins TC, Gu J, Levine DP, Miro JM, Riska P, Rubin ZA, Rupp ME, Shrank Jr J, Sims M, Wray D, Zervos MJ, Fowler Jr V. Doing the Same with Less: A Randomized, Multinational, Open-Label, Adjudicator-Blinded Trial of an Algorithm vs. Standard of Care to Determine Treatment Duration for Staphylococcal Bacteremia. ID Week 2017 Conference, San Diego, CA, October 4-8, 2017.
489. Kilgore P, Salim A, Prentiss T, Kaljee L, Lamerato L, Zhang S, Divine G, Misikir H, Zervos MJ. Implementation of Multi-Modal Intervention to Increase Adult Vaccination Rates in a Large Integrated Healthcare System. ID Week 2017 Conference, San Diego, CA, October 4-8, 2017.
490. Lodise Jr TP, Rosenkranz SL, Finnemeyer M, Huvane J, Pereira A, Sims M, Zervos MJ, et al. The Emperor's New Clothes: Prospective Observational Evaluation of the Association between the Day 2 Vancomycin Exposure and Failure Rates among Adult Hospitalized Patients with MRSA Bloodstream Infections (PROVIDE). ID Week 2017 Conference, San Diego, CA, October 4-8, 2017.
491. Maki G, Xin Y, Zeeshan N, Harris AD, Lawrence SJ, Masica A, Lamerato L, Zervos M. Incidence and organism specific mortality associated with healthcare associated pneumonia over a 6 year period. ID Week 2017 Conference, San Diego, CA, October 4-8, 2017.
492. Veve MP, Kaljee LM, Prentiss T, Joshi RD, Rai SM, Shrestha B, Bajracharya DC, Zervos MJ. Implementing Antimicrobial Stewardship in Two Community Nepali Hospitals. ID Week 2017 Conference, San Diego, CA, October 4-8, 2017.
493. Awad A, Alaga K, Misikir H, Zervos MJ, Kilgore PE. Understanding variations in pneumonia mortality across Michigan, 2011-2015. Eugene Applebaum College of Pharmacy and Health Sciences Meeting, Detroit, MI, November 1, 2017.

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494. Alaga K, Salim A, Misikir H, Zervos MJ, Kilgore P. Evaluation of Pneumonia Death Rates in Michigan. American Public Health Association Meeting, Atlanta, GA, November 2-8, 2017.
495. Alaga K, Awad A, Misikir H, Zervos MJ, Kilgore P. Understanding variations in pneumonia death rates throughout Michigan, 2011-2015. American Public Health Association Meeting, Atlanta, GA, November 2-8, 2017.
496. Sundaram A, Perri MB, Zervos M. Epidemiology and outcomes of daptomycin-resistant *Staphylococcus aureus* bacteremia. AMA Interim Meeting, Honolulu, HI, November 11-14, 2017.
497. Altamimi S, Misikir H, Perri MB, Vager D, Levesque M, Reyes K, Zervos M. Hospital Onset Methicillin-resistant *Staphylococcus aureus* Infection: An Ongoing Battle. Michigan Infectious Diseases Society Conference (MIDS), Beaumont Hospital, Royal Oak, MI, March 17, 2018. (Awarded First Prize-Best Poster).
498. Hadid H, Perri M, Misikir H, Bardossy AC, Herc E, Zervos M. Characterization of Methicillin-Susceptible, Daptomycin-Resistant *Staphylococcus aureus*. Michigan Infectious Diseases Society Conference (MIDS), Beaumont Hospital, Royal Oak, MI, March 17, 2018.
499. Misikir H, Hadid H, Bardossy AC, Haddad L, Sundaram A, Williams J, Perri M, Zervos M, Herc E. Risk Factors and Outcomes for Daptomycin Non-Susceptible Methicillin-Resistant *Staphylococcus aureus* Bloodstream Infections. Michigan Infectious Diseases Society Conference, Beaumont Hospital, Royal Oak, MI, March 17, 2018.
500. McCreary E, Sakoulas G, Rybak M, Zasowski E, Rizvi K, Zasowski E, Geriak M, Schulz LT, Vasina L, Zervos M, Warren R. Multi-centre cohort study of daptomycin plus ceftaroline combination compared to matched standard of care treatment in patients with methicillin-resistant *Staphylococcus aureus* bacteraemia. European Congress of Clinical Microbiology and Infectious Diseases (ECCMID) 2018, Madrid, Spain, April 21–24, 2018.
501. Mody L, Washer LL, Kaye KS, Gibson K, Saint S, Reyes K, Cassone M, Mantey J, Cao J, Altamimi S, Perri M, Sax H, Chopra V, Zervos M. Multidrug-Resistant Organisms in Hospitals: What is on Patient Hands and in Patient Rooms? Poster presentation at European Congress of Clinical Microbiology and Infectious Diseases (ECCMID) 2018, Madrid, Spain, April 21 – 24, 2018.

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502. Huang K, Chaudhry Z, Perri MB, Zervos M, Brar I. From Bench to Bedside: The Use of Translational Research in Management of Infection. The 25th Annual Henry Ford Medical Education Research Forum, Henry Ford Hospital, Detroit, MI, May 11, 2018.
503. Hadid H, Perri M, Misikir H, Bardossy AC, Herc E, Zervos M. Characterization of Methicillin-Susceptible, Daptomycin-Resistant *Staphylococcus aureus*. 15th Annual Research Symposium, Henry Ford Hospital, Detroit, MI, May 25, 2018.
504. Misikir H, Hadid H, Bardossy AC, Haddad L, Sundaram A, Williams J, Perri M, Zervos M, Herc E. Risk Factors and Outcomes for Daptomycin Non-Susceptible Methicillin-Resistant *Staphylococcus aureus* Bloodstream Infections. 15th Annual Research Symposium, Henry Ford Hospital, Detroit, MI, May 25, 2018.
505. Hadid H, Perri M, Bardossy AC, Misikir H, Herc E, Zervos M. Epidemiology of Daptomycin-Nonsusceptible Methicillin-Resistant *Staphylococcus aureus* Bacteremia. Michigan Quality Improvement and Patient Safety Summit, Troy, MI, June 1, 2018.
506. Altamimi S, Misikir H, Perri MB, Kilgore P, McElmurry S, Vager D, Zervos M. Molecular Epidemiology of *Legionella Pneumophila* Isolates in Michigan. ASM Microbe 2018, Atlanta, GA, June 7-11, 2018.
507. Diekema DJ, Pfaller MA, Shortridge D, Zervos M, Jones RN. Twenty-Year Trends in Antibiotic Susceptibility among *Staphylococcus Aureus* from the Sentry Antimicrobial Surveillance Program. ASM Microbe 2018, Atlanta, GA, June 7-11, 2018.
508. Lucien M, Adrien P, Hsia T, Hadid H, Canarie M, Kaljee L, Kilgore P, Parke D, Joseph G, Lafosse E, Zervos M, Boncy J. Cholera in Haiti: Seven Years Later. ASM Microbe 2018, Atlanta, GA, June 7-11, 2018.
509. Misikir H, Hadid H, Bardossy C, Haddad L, Sundaram A, Williams J, Perri M, Herc E, Zervos M. Risk Factors and Outcomes for Daptomycin-Nonsusceptible Methicillin-Resistant *Staphylococcus aureus* Blood Stream Infections. ASM Microbe 2018, Atlanta, GA, June 7-11, 2018.
510. Musgrove M, Sundaram A, Perri M, Kenney R, Zervos M. In Vitro Synergy of Vancomycin Or Daptomycin Plus Ceftaroline in Daptomycin Non-Susceptible *Staphylococcus aureus* Isolates. ASM Microbe 2018, Atlanta, GA, June 7-11, 2018.
511. Olson E, Agarwal U, Gupta R, Myneedu V, Verma A, Markowitz N, Herc E, Zervos M. Molecular Evaluation of Linezolid Resistant *Staphylococcus aureus*. ASM Microbe

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2018, Atlanta, GA, June 7-11, 2018.

512. Olson E, Zervos M, Kaljee L, Kilgore P, Tibbetts R, Herc E, Shrestha B, Bajracharya D, Joshi D. A Hospital and Community-Based Study to Promote Antimicrobial Stewardship in Nepal: Molecular Esbl and Carbapenemase Identification of Acinetobacter, *E. coli*, and *K. pneumoniae* isolates from Kathmandu Model Hospital. ASM Microbe 2018, Atlanta, GA, June 7-11, 2018.
513. Hussain N, Rizvi K, Bardossy AC, Perri M, Zervos M, Alangaden G. Molecular and Clinical Epidemiology and Outcomes of Methicillin-Resistant Staphylococcus aureus Bloodstream Infections in Cancer and Non-cancer Patients. 20th Symposium on Infections in the Immunocompromised Host, Athens, Greece, June 17-19, 2018.
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#### **Completed Original Publications in Peer Reviewed Scientific Journals**

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